

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, July 19, 2011 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Ansell called the meeting to order; however a quorum was not present. The Committee continued to receive information until approximately 12:20 P.M.; at this time, a quorum was reached, and the Committee began to consider the items presented.

Present: Chairman David Ansell, MD, MPH and Director Hon. Jerry Butler (2)

Mary Driscoll and Pat Merryweather (Non-Director Members)

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

Barbara Farrell – System Director of Quality and Patient Safety
Claudia Fegan, MD – System Interim Chief Medical Officer
Deborah Fortier - Office of the System General Counsel
David Goldberg, MD – John H. Stroger, Jr. Hospital of Cook County
Aaron Hamb, MD - Provident Hospital of Cook County
Helen Haynes – Office of the System General Counsel
Anwer Hussain, DO – Oak Forest Hospital of Cook County

Roz Lennon – System Chief Clinical Officer
Stephen Martin, PhD, MPH – Cook County Department of Public Health
Terry Mason, MD – System Interim Chief Executive Officer
Deborah Santana – Secretary to the Board
Pierre Wakim, MD – Provident Hospital of Cook County
Antoinette Williams - John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

- | | |
|---------------------|--|
| 1. Leslie Curtis | Director, National Nurses Organizing Committee |
| 2. Tia Speat | Labor Representative, National Nurses Organizing Committee |
| 3. Dennis Kosuth | Nurse Representative, National Nurses Organizing Committee |
| 4. Theresa Jacob | Registered Nurse, John H. Stroger, Jr. Hospital of Cook County |
| 5. Sharon Scott | Staff Nurse, John H. Stroger, Jr. Hospital of Cook County |
| 6. George Blakemore | Concerned Citizen |

III. Report from System Interim Chief Medical Officer

Dr. Claudia Fegan, System Interim Chief Medical Officer, stated that staff has been engaged in a number of efforts over the past month. She stated that a planning session has been initiated, to bring together the physician leadership throughout the System in relation to the implementation of the Strategic Plan. Dr. Fegan noted that a Physician Academy session was held last week; this session focused on data-driven decision-making.

IV. Report from System Chief Clinical Officer**A. Report on Medical-Surgical Nurse Staffing and Patient Satisfaction in Hospitals within Cook County**
(Attachment #1)

Roz Lennon, System Chief Clinical Officer, provided an update regarding the following subjects.

Ms. Lennon informed the Committee that staff is in the process of drafting and reviewing a Request for Proposals (RFP) for service excellence support, for a three-year period of time.

With regard to staffing issues, Ms. Lennon informed the Committee that there are fifty nurses from Oak Forest Hospital that have now moved or are in the process of moving, mainly to Stroger Hospital; she stated that fifteen of those fifty nurses are going to be located in the Emergency Department at Stroger Hospital. She provided examples of issues that have affected nurse staffing. She stated that Oak Forest Hospital was proposed to be a limited- hour urgent care facility; it is now proposed to be a twenty-four hour urgent care facility, so staffing needs will need to be adjusted for this change. She provided additional information regarding the review of current and future staffing needs throughout the System; she added that discussions on this subject as it relates to the 2012 Budget are currently ongoing. She stated that a number of new positions are planned to be requested, with a focus on the medical-surgical areas.

Chairman Ansell noted that three issues regarding nurse staffing were raised during public testimony. The first issue was relating to the PPC Committee; there seems to be some disagreement over whether or not tasks have been accomplished. The second issue was relating to hand-offs; these hand-offs appeared to be driven somehow by a staffing issue. The third issue was relating to Emergency Department staffing at Stroger Hospital.

Antoinette Williams, Chief Nursing Officer of John H. Stroger, Jr. Hospital of Cook County, provided information on the PPC Committee and hand-off issues. She stated that monthly meetings are held with management and the National Nurses Organizing Committee (NNOC). She stated that one of the concerns expressed by the PPC Committee relates to hand-offs within the organization. She has requested that all of her divisions provide to her their process for hand-offs; Cerner is building a page so that the nursing staff will be able to electronically access and share this information.

Chairman Ansell requested that the Committee receive a progress report on these issues at the next Committee meeting.

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented the Report on Medical-Surgical Nurse Staffing and Patient Satisfaction in Hospitals within Cook County. The Committee reviewed and discussed the information.

V. Report from System Director of Quality and Patient Safety (Attachment #2)**A. Report on Value-Based Purchasing****B. Update on Emergency Department Transfers from Provident and Oak Forest Hospitals of Cook County**

Barbara Farrell, System Director of Quality and Patient Safety, presented an update on Emergency Department transfers from Provident and Oak Forest Hospitals to Stroger Hospital. The Committee reviewed and discussed the information.

V. Report from System Director of Quality and Patient Safety (continued)

Ms. Farrell presented the Report on Value-Based Purchasing. During the Committee's review of the information, Ms. Merryweather noted that some of the measurements are based upon all payors; however, the penalties relate to Medicare dollars. Ms. Driscoll noted that currently, value-based purchasing relates to Medicare, but this will soon extend to Medicaid.

VI. Recommendations, Discussion/Information Items**A. Minutes of the Quality and Patient Safety Committee Meeting, June 21, 2011**

Director Butler, seconded by Chairman Ansell, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of June 21, 2011. THE MOTION CARRIED UNANIMOUSLY.

B. Receive and file Cook County Department of Public Health 2010 Annual Report (Attachment #3)

This item was considered concurrently with Item VI(D).

Director Butler, seconded by Chairman Ansell, moved to receive and file the Cook County Department of Public Health 2010 Annual Report and 2010 Annual Tuberculosis Report. THE MOTION CARRIED UNANIMOUSLY.

C. **Reports from the Medical Staff Executive Committees**i. Oak Forest Hospital of Cook County****ii. Provident Hospital of Cook County****iii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Anwer Hussain, President of the Executive Medical Staff of Oak Forest Hospital of Cook County, presented his report for Oak Forest Hospital. He noted physician and nurse staffing challenges experienced during the transition period. He provided an update on transfers, inpatient services, employee health services and the Against Medical Advice (AMA) Report. Dr. Hussain noted that the response from the ambulance transport service company, ATI, has been outstanding; it was decided that ATI would no longer need to be on stand-by physically on the premises, because their response time is so rapid.

Dr. Pierre Wakim, President of the Executive Medical Staff of Provident Hospital of Cook County, presented his report for Provident Hospital. He stated that the Executive Medical Staff and Organized Medical Staff held their meetings on July 12th; he added that a Joint Conference Committee Meeting was held on July 13th. He stated that the agendas for these meetings were largely similar. An update was provided on the Obstetrics/Family Medicine transfers to Stroger Hospital; he noted that there is a committee at Stroger Hospital that is working on through-put and on the subject of opening up more beds. An update was provided on the Centers of Excellence for chronic illnesses and childhood obesity.

Dr. Goldberg presented his report for Stroger Hospital. He referenced a presentation made to the Committee within the last few months, regarding the Trauma Unit; he stated that this presentation provided a good example in which doctors and nurses are working very well together. He stated that a plan was recently presented to move back towards a unit-based model within Stroger Hospital, so that patients would be housed in more geographically-defined regions; he noted that this will help increase the possibility of people working more collaboratively with each other across the disciplines.

VI. Recommendations, Discussion/Information Items (continued)

**D. Receive and file Cook County Department of Public Health 2010 Annual Tuberculosis Report
(Attachment #4)**

This item was considered concurrently with Item VI(B).

VII. Action Items

A. Approval of the following:

i. Proposed Amendments to the Bylaws of the Medical Staff of Provident Hospital of Cook County

Dr. Wakim and Dr. Aaron Hamb, Chief Medical Officer of Provident Hospital of Cook County, provided a summary of the proposed Amendments to the Bylaws.

Director Butler, seconded by Chairman Ansell, moved to approve the Proposed Amendments to the Bylaws of the Medical Staff of Provident Hospital of Cook County.
THE MOTION CARRIED UNANIMOUSLY.

ii. Proposed Amendments to the Conflict Resolution Policy of Provident Hospital of Cook County

Director Butler, seconded by Chairman Ansell, moved to approve the Proposed Amendments to the Conflict Resolution Policy of Provident Hospital of Cook County.
THE MOTION CARRIED UNANIMOUSLY.

iii. Proposed Amendments to the General Rules and Regulations of the Medical Staff of Provident Hospital of Cook County

Director Butler, seconded by Chairman Ansell, moved to approve the Proposed Amendments to the General Rules and Regulations of the Medical Staff of Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections VI, VII and VIII

VIII. Closed Session Items

A. **Reports from the Medical Staff Executive Committees

i. Oak Forest Hospital of Cook County

ii. Provident Hospital of Cook County

iii. John H. Stroger, Jr. Hospital of Cook County

B. Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Note: the Committee did not recess the regular session and convene into closed session.

Director Butler, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
July 19, 2011

ATTACHMENT #1

Med-Surg Nurse Staffing and Patient Satisfaction in Hospitals Within Cook County

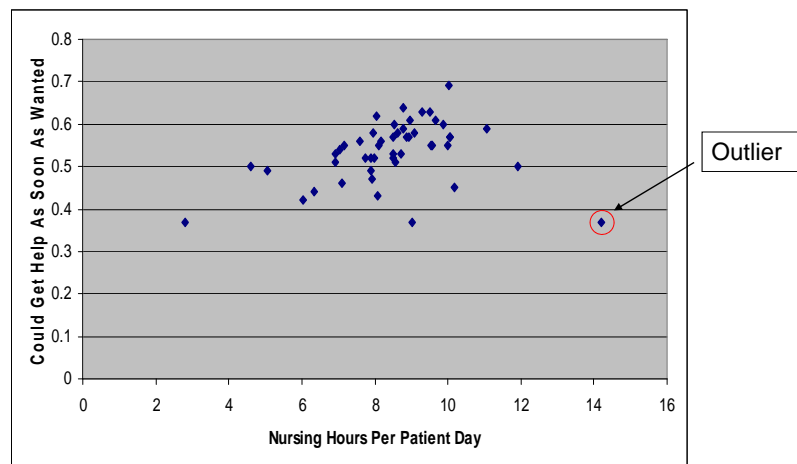
Methods

- Data from the Illinois Hospital Report Card for med-surg unit staffing (nursing hours/patient day) and satisfaction scores
 - N=49/51 hospitals reporting both data elements
- Data entered into Excel and graphed
 - There was one outlying hospitals with very high staffing and low satisfaction scores
- Correlation coefficients and p-values calculated in SPSS
- Data in this report for 48 hospitals
 - Outlier excluded

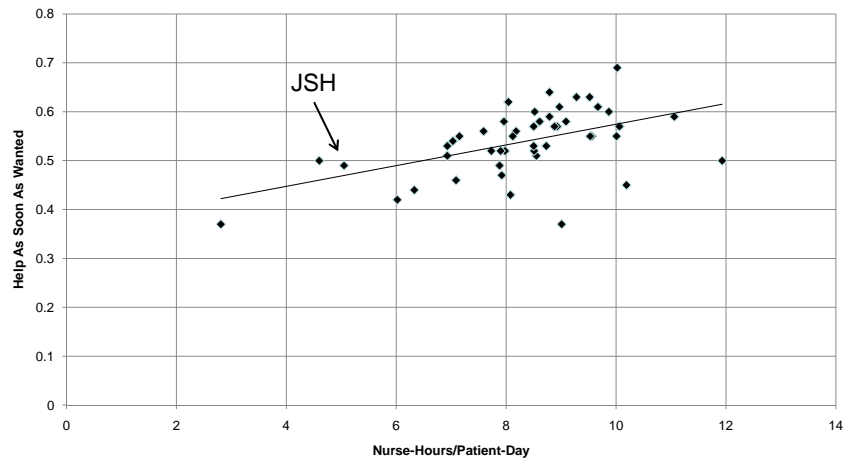
Summary of Selected Data

	Mean	Median	Range	IQR
Nurse Hours/ Patient Day	8.35 JSH - 5.05	8.52	2.81-11.93	7.77-9.47
Help As Soon As Wanted	.54 JSH - .49	.55	.37-.69	.50-.58
High Satisfaction	.58 JSH - .52	.59	.37-.75	.51-.64

Correlation of Nurse Staffing With Patient Satisfaction

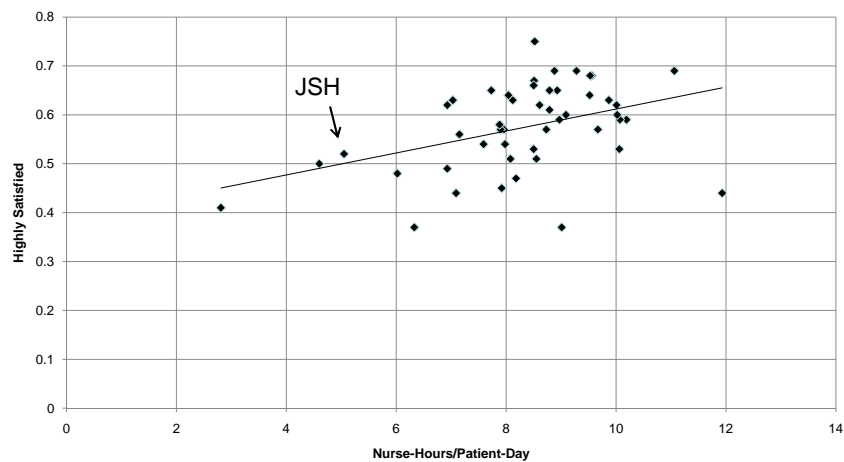


Correlation of Nurse Staffing With Patient Satisfaction: Getting Timely Help



Correlation $r=.51$, $p<.001$

Correlation of Nurse Staffing With Patient Satisfaction: Highly Satisfied



Correlation $r=.41$, $p=.004$

Comments

- Key findings – patient satisfaction correlates with nurse staffing in Cook County hospitals
 - JSH performing above the regression line
- Limitations:
 - Satisfaction a global hospital measure, nurse staffing specific to med-surg units
 - Nursing staffing may be a marker of other health system issues that impact satisfaction
 - Other possible unmeasured variables:
 - Patient (ethnicity, poverty)
 - Hospital (image, training, organizational culture)

Comments

- Appropriate staffing of JSH may improve patient satisfaction and quality
 - To move to excellence, we need to manage staff increases, aiming for high standards
- Thanks to our nurses for their hard work under difficult circumstances!
- I hope we can share these observations with our nursing colleagues

Other Observations Using Public Data Sources

- Productive:
 - CCHHS “market share” of key clinical diagnoses
 - Source IDPH Hospital Report Card
- Small, mission focused, modest local subsidy:
 - CCHHS compared to other public hospitals
 - Source NAPH Annual Report
- Good steward of resources:
 - Less Medicare spending in the last 6 months of life, more time in hospice and less in ICU
 - Source Dartmouth Atlas of Health Care
- Financially constrained:
 - Relatively flat spending over time with lags behind inflation
 - Source Cook County budgets

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
July 19, 2011

ATTACHMENT #2

Quality and Patient Safety

Committee of the Board of Directors CCHHS

July 19, 2011

Barbara Farrell, RN, MS, MJ

System Director Quality, Safety, Accreditation & Regulatory

Provident ED Transfers to Stroger

	Sep.-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar -11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Total Number of ED Transfers to Stroger	57	63	85	49`	86	84	124	106	112	131						
2. List number of ED transfers per Diagnosis:																
OB	0	9	6	2`	2	5	10	2	9	11						
Heart Failure	2	1	2	3	0	0	8	4	2	5						
General Surgery- list procedures : Only diagnoses are available: Rectal Pain/Abscess(2), Bowel Obstructions (7) , Aneurysm(1), Repair of Hernias(4) , Testicular Torsion(1) Esophageal Cancer(1), Trauma, Stab Wound (1), Inflammatory Bowel (1), Diverticulitis (2), Abdominal pain (8), Gluteal Abscess (1), Epigastric Pain (1), Acute Appendicitis (3), Trauma, multiple gun shot wound (1), left index laceration (1), Abdominal Wall infection (1), G.I.Bleed (2)	2	1	5	12	18	18	17	16	14	30						
Cardiac Surgical	0	0	0	0	0	0	0	0	0	0						
Abdominal Surgery	0	0	1	0	0	0	0	0	0	1						
Burns	0	0	1	0	1	0	0	0	0	0						
Orthopedics	2	3	2	4	1	1	0	1	3	2						
Infections	0	0	0	6	5	11	2	6	7	9						
Chest Pain	0	2	4	2	2	0	8	12	4	7						
ENT.	5	3	3	3	6	2	7	3	5	1						
Other Categories not listed: Specify: Neurology (14) GI (7), Neurosurgery (1), Medicine (8), Oncology (4), Cardiac (7), Pulmonary (14), Endocrine (4), Renal(3), Urology 1(2), Gyne (0)																

Oak Forest ED Transfers to Stroger

	Sep.-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
1. Total Number of ED Transfers to Stroger	30	76	59	46	49	34	58	61	70	126					
2. List number of ED transfers per Diagnosis:															
OB	1	7	1	4	1	0	1	1	2	3					
Heart Failure	1	10	11	7	7	4	1	4	5	11					
General Surgery- list procedure										3					
Acute Psychiatric										2					
Cardiac Surgical	0	0	0	0	0	0	0	0		0					
Abdominal Surgery (A & B)	4	9	7	6	2	1	2	6	3	0					
Burns	0	0	0	0	0	0	0	0		0					
Orthopedics	2	3	1	1	1	0	5	6	2	1					
Infections	4	6	4	3	10	2	7	7	7	9					
Chest Pain	2	8	11	6	5	10	17	13	32	26					
ENT.	0	0	0	1	0	0	0	1	1	2					
Other Categories not listed: Specify															
3. List other transfers to Stroger for acuity care reasons (eg. ICU)															
Small bowel obstruction	3	3	3	0	2	0	0	1	2	2					
Altered mental status										6					
Abdominal Pain/Bleed										17					
DVT/leg pain	1	0	1	1	0	0	0	2		4					
s/p MVA Backpain	2	12	8	7	8	8	15	7	13	1					
Hepatitis	1	1	0	0	0	0	0	0		2					
	1		0	0	0	0	0	0		2					
Malignant CA	1	1	0	1	1	0	0	2		0					
A) Cholecystitis/cholelithiasis	1	5	0	2	1	0	1	2	1	2					
Pediatrics	1	1	1	0	1	1	0	1	2	1					
Dizziness r/o cerebral lesion/mass	1	3	0	4	1	1	2	4	5	5					
DM	1	0	2	0	1	0	1	1	2	6					
B) Acute Appendicitis	3	4	7	4	1	1	1	3	2	4					
r/o Bladder Mass															
hematuria/Cystitis		4	2	0	0	2	0	0		2					
Testicular pain			1	0	0	0	1	0		2					
other: ICU	3			4	9	4	6	6		12					

Oak Forest ED Transfers to Stroger

- ▶ June 1st –30th ED Transfers to Stroger included:
 - ❖ 126 patients in 30 day period
 - ❖ 4.2 average daily transfers
 - ❖ 26% sent home from Stroger ED
 - ❖ 7% admitted ED–OBS Unit
 - ❖ 12% admitted to Med Short Stay
 - ❖ 40% admitted to Medicine
 - ❖ 5 patients were admitted to OB/Gyn
 - ❖ 3 patients were admitted to Surgery
 - ❖ 3 patients were admitted to MICU
 - ❖ 3 patients were admitted to CCU
 - ❖ 2 patients were admitted to Pediatrics

Value Based Purchasing

July 19, 2011

Barbara Farrell, RN, MS, MJ

System Director Quality, Safety, Accreditation & Regulatory

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Overview

Value Based Purchasing

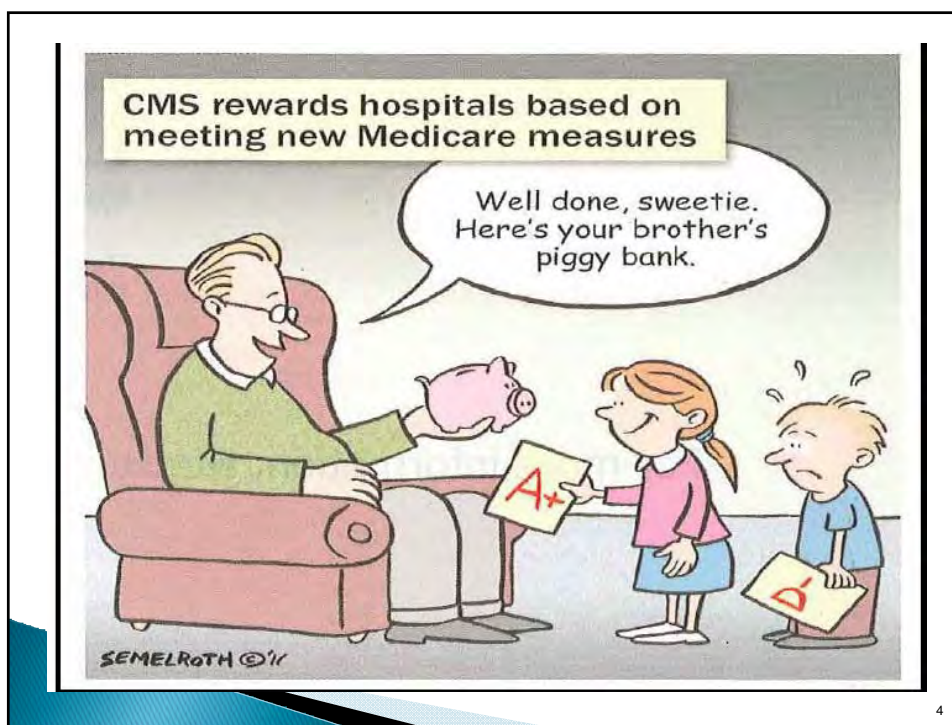
- ▶ Program that rewards hospitals for the actual quality performance on measures rather than simply reporting data for those measures.
- ▶ Revamp how care and services are paid for.
- ▶ Reward hospitals for better value, outcomes, and innovations instead of merely volume.

2

Medicare Value Based Purchasing Final Rule

- ▶ Mandated by the Affordable Care Act
- ▶ Rewards hospitals for achievement or improvement
- ▶ Budget neutral payment changes begin October 1, 2012 discharges reducing base operating payments for all DRG's by:
 - ❖ 1% in FFY 2013
 - ❖ 1.25% in FFY 2014
 - ❖ 1.5% in FFY2015
 - ❖ 1.75% in FFY 2016
 - ❖ 2% in FFY 2017

3



4

FY 2013 Core Measures for Inclusion in VBP Clinical Process of Care Measures-12

AMI-7a

Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

AMI-8a

Primary PCI Received Within 90 Minutes of Hospital Arrival

Heart Failure

HF-1

Discharge Instructions

Pneumonia

PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in

PN-6

Initial Antibiotic Selection for CAP in Immun-ocompetent Patient

SCIP-Inf-1 Prophylactic Abx Timing

SCIP-2-Inf-2 Prophylactic Abx Selection

SCIP-3-Inf-3 Prophylactic Abx Discontinuation

SCIP-4-Inf-4 Cardiac Surg Postop Serum Glucose

SCIP-CARD-2 Beta Blocker During Periop Period

SCIP-VTE-1 Recommend VTE Prophylaxis Ordered

SCIP-VTE-1 Recommend VTE Prophylaxis Timing

5

FY 2013 VP HCAHPS Measures

Patient Satisfaction -HCAHPS

Nurse Communication (% Always)

Doctor Communication (% Always)

Cleanliness and Quietness (% Always)

Overall Rating (% 9 Or 10)

Responsiveness of Hospital Staff (% Always)

Pain Management (% Always)

Communication about Medications (% Always)

Discharge Information (% Yes)

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2013 VBP Methodology

▶ Reporting Periods

❖ Baseline Period: July 1, 2009–March 31, 2010

❖ Performance Period: July 1, 2011–March 31, 2012

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Value Based Purchasing Key Provisions: FY 2013

One composite score will be calculated based on two domains:

1. **Clinical Process of Care** (70 % of score)
12 clinical process measures
2. **Patient Experience of Care** (30% of score)
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey
3. **VBP Composite Score = 70% Process +30% HCAHPS**
4. Each hospital's composite score will determine less than or more than it's 1% investment.

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Value Based Purchasing

Calculating the Scores

- **CMS has established :**
National Benchmarks-represent the highest achievement levels on quality measures
Thresholds-represent the minimum achievement levels

The Affordable Care Act requires CMS to take both achievement and improvement into consideration when determining hospitals' overall VBP scores

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Value Based Purchasing Clinical Process of Care Measure Scoring

To determine the hospital improvement score the hospital will receive points along a range between the hospital's baseline score period and the benchmark score.

If the hospital's score is lower than it's baseline it will receive 0 points.

The hospital will receive the higher score of the achievement or improvement for the process of care measurement.

- If a hospital receives a 6 on achievement and a 8 on improvement the score moving forward in the overall calculation will be 8.

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Value Based Purchasing HCAHPS Scoring

Overall HCAHPS Calculation

- For each of the eight dimensions, determine the larger of the 0-10 achievement score and the 0-9 improvement score
- Sum these eight values to arrive at 0-80 HCAHPS base score
- Calculate the 0-20 HCAHPS consistency score
- HCAHPS total points earned = HCAHPS base score + consistency score

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Example of Hospital VBP Score Calculation

Domain	Condition	Achievement Points	Improvement Points	Earned Points (Higher of Achievement or Improvement)	Domain Score
Clinical Process of Care	HF-1	8	9	9	67.5 (27/40 x 100) (Sum of Earned points divided by total points available x 100)
	HF-2	0	5	5	
	PN-2	0	3	3	
	PN-7	10	10	10	
Patient Experience of (HCAHPS)	HCAHPS Base Score	60	40	60	69
	HCAHPS Consistency Score			9	
Total Performance Score					0.6795

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**Value Based Purchasing
Payment Impact Estimates FFY2013
Performance Period: July 1, 2009-June 30, 2010**

John H. Stroger	FFY 2013 1% Carve-Out	FFY2014 1.25%-Carve Out
Process Domain Score	7.00%	
HCAHPS Domain Score	12.00%	
Overall VBP Score	8.50%	
Current Dollar Estimate- (Prior to start of Performance Period)	\$43,824	\$54,849
Conservative Dollar Estimate- (Assumes Scores Improve Nationally)	\$27,030	\$33,830

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**Value Based Purchasing
Payment Impact Estimate FFY2013
Performance Period: July 1, 2009-June 30, 2010**

Provident	FFY 2013 1% Carve-Out	FFY2014 1.25% Carve-Out
Process Domain Score	47.50%	
HCAHPS Domain Score	15.00%	
Overall VBP Score	37.75%	
Current Dollar Estimate- (Prior to start of Performance Period)	\$55,084	\$69,773
Conservative Dollar Estimate- (Assumes Scores Improve Nationally)	\$33,975	\$43,035

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Value Based Purchasing

- ▶ CMS will calculate for each measure using same methodology for both:
 - Achievement Score
 - Improvement Score
- ▶ Hospitals can earn up to 10 achievement & up to nine improvement points for each process and each HCAHPS measure
- ▶ Final score is higher score of the two
- ▶ Scores are calculated comparing performance to the national performance

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Value Based Purchasing

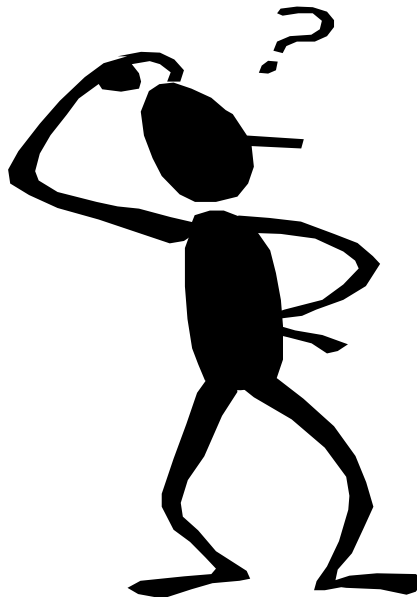
- ▶ HCAHPS domain only, opportunity for 20 extra “consistency” points.
- ▶ Hospital’s payment based on overall composite VBP score.

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Next Steps

- ▶ A lot of work has been done already
- ▶ Process Improvement Teams Selected
- ▶ Hardwire Processes

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Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
July 19, 2011

ATTACHMENT #3



**Cook County Department
of Public Health**

2010 Annual Report



***Protecting and promoting health and preventing illness,
disability and premature death among all
residents of suburban Cook County.***

2010, A Look Back...

Every year, the Cook County Department of Public Health (CCDPH) sets out to report on significant activities and accomplishments from the year before. The purpose of the annual report is to summarize our work for the residents of suburban Cook County, our partnering agencies, elected officials and funding agents.

Throughout 2010, CCDPH staff worked through a strategic planning process that will be unveiled in 2011. During this process, one of the many areas highlighted included the need to do a better job engaging our residents by defining the important role public health plays in their day to day lives. It can be challenging to find different

ways for people outside of public health to understand and relate when we tell our public health story. At its core, the business of public health is about prevention. It is the age old dilemma of public health: how do you visualize or explain something that you prevented from occurring? Our communicable disease programs prevent outbreaks of serious illness every year and yet most of our residents are unaware of these accomplishments.

Sometimes, you can hold the work we do in your hand which makes it a little easier. School nurses can hold on to Healthwise, a communicable disease and health information toolkit we created to assist them during the school year. Or, you can see and touch the mosquito traps we set throughout suburban Cook County to track and prevent West Nile Virus in our communities.

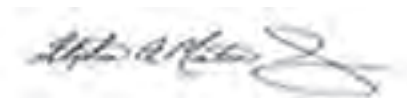
www.cookcounypublichealth.org

Yet, our work does not always result in something physically tangible. For example, we work to support policy changes that promote strong public health such as the Smoke Free Illinois Act. Many public health departments and other organizations worked together to pass the legislation that eliminated smoking indoors in public places. All the work that went into that does not necessarily add up to something you can hold in your hand – it's not a shovel we used to dig a trench or a crane we used to install a street light. What it does add up to are proven public health benefits for our residents. Non-smokers aren't exposed to unhealthy second-hand smoke in public and smokers are encouraged to smoke less. There is so much work we do to protect and promote the health of suburban Cook County; it can be challenging to put it into words.

www.cookcounypublichealth.org

The 2010 annual report is another step in helping our community members have a better understanding of the important work being done in our agency and of what public health looks like in their communities.

Take a look around your place of business or your community. Where do you see public health? What is public health to you? We are going to continue to ask these questions throughout 2011. Watch for it and help us tell the story of public health.



Public Health Student Nurse Rotation

2010 was the first year for the Cook County Department of Public Health (CCDPH) to become a clinical training site for nursing students. This effort is part of a strategic commitment to help develop a competent public health workforce.

To begin, a team of 10 CCDPH public health nurses developed a community health curriculum and corresponding training materials to provide nursing students with their public health field experience. Saint Xavier University was the first institution of higher learning to partner with CCDPH for this program.



Cook County Department of Public Health nurses who assisted in the development of the student nursing public health rotation program.

Throughout the 2010-2011 academic year, CCDPH public health nurses mentored the 12 students during their clinical rotation through the CCDPH Southwest and West District Offices.

Formal evaluations were conducted and students reported that the public health nurses challenged them to increase their knowledge and provided them with diverse experiences in the community setting. Public



health nurses reported an increased sense of professional satisfaction in being able to develop the next generation of public health practitioners. With this feedback, CCDPH plans to expand the student experience to include the CCDPH North and South District Offices and include other academic partners.

Public Health Policy Development

The Cook County Department of Public Health (CCDPH) has staff who work to advocate for or against laws, rules and regulations that impact public health.

The public health work being done each day is many times what drives the public health policy development efforts. This could mean one of two things. We either identify a problem in public health that could be prevented if we enact a new public health policy or strengthen an existing one. Or, we see a piece of proposed legislation that, if enacted, would have a negative impact on the health and safety of suburban Cook County residents.

Two good examples of this occurred in 2010. Early in the year, CCDPH communicable disease con-

trol staff investigated an outbreak of Hepatitis B and Human Immunodeficiency Virus (HIV) at a long term care facility in suburban Cook County. Throughout the investigation it became clear that the outbreak could have been prevented, or the spread could have been limited, if better communicable disease screening requirements were in place for patients being processed into long term care facilities.

CCDPH policy and communicable disease staff drafted legislation (SB2601) requiring long term care facilities to verbally screen patients upon admission to determine if a patient is high risk for certain blood-borne diseases. Anyone identified to be at higher risk was to be offered Hepatitis B immunization and laboratory testing for Hepatitis C and HIV. The legislation was adopted, signed into law and became effective in 2011.

Policy development staff carefully monitor proposed legislation to assess whether

or not something will impact public health. Sometimes legislation is proposed that seeks to weaken a public health regulation. As the 2010 spring legislative session commenced, a piece of legislation (HB5917- SB3377) was introduced that would have provided reciprocity for individuals who have a food service manager certification from another state. For many years, Illinois has been recognized by public health professionals as a leader in food safety because of the rigorous training requirements in our state food code. If this bill became law, it would have dramatically reduced the hours of required training for individuals seeking this credential in Illinois from fifteen to seven.

As a state certified local public health department, we investigate approximately 300 foodborne illness complaints and at least 25 serious outbreaks of foodborne disease in suburban Cook County each year. Nationally,

it is estimated that 350,000 hospitalization and approximately 5000 deaths are attributed to foodborne disease outbreaks. In many cases, the primary cause of the outbreak was related to unsafe food handling practices, including: inadequate hand washing, improper heating or cooling of hazardous foods, and bacterial cross contamination of food products.

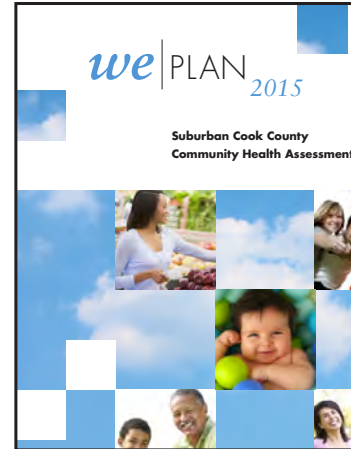
Reducing the number of hours food handlers would receive in food safety education would only add to the potential for foodborne disease outbreaks. CCDPH policy development staff worked closely with other regional and statewide public health associations to defeat this legislation.

Through active participation in the legislative process, CCDPH is able to play an important leadership role in ensuring that laws are enacted and maintained to protect public health.

WePLAN 2015

WePLAN 2015 attempts to gain community input into the complex health and health related issues facing suburban Cook County residents and seeks to build partnerships to maximize efforts and resources in addressing leading challenges to a healthy population.

In 2010, the Cook County Department of Public Health facilitated



the WePLAN 2015 community health assessment and planning process. Over 60 community members participated in the WePLAN2015 assessment and planning process. This effort involved a review of community perceptions about health, health status indicators, functions of the local public health system and potential opportunities and threats to health improvement. The Community Planning Committee worked to identify priority health issues and strategies to be used in developing a 5 year community health improvement plan for subur-

WePLAN 2015 Four strategic health issues:

- Cardiovascular Disease
 - Youth Violence Prevention
 - Sexual Health Improvement in Youth
 - Access to Healthcare Services
-



ban Cook County.

To assist with the implementation and monitoring of the plan, CCDPH will be convening a

Community Health Advisory Committee in 2011. CCDPH has also incorporated the WePLAN priorities into the department's own Strategic Health Plan.



CCDPH convened a group of partners who are community health advocates throughout suburban Cook County to form the Alliance for Healthy & Active Communities (AHAC), or the Alliance, to focus on chronic disease prevention efforts. AHAC works to change policies and environments to support healthy living in suburban Cook County. The Alliance envisions a suburban Cook County that has a culture and social environment that work to ensure that healthy options are easy, convenient and accessible to all residents. Together, we work to change policies, systems



2010 *Snapshot*

and factors in the environment that minimize the possibility of residents leading long, healthy lives.

Goals of the Alliance are to identify issues that increase rates of chronic disease and address them and to create a culture of health in suburban Cook County - one that promotes healthy environments and behaviors.

AHAC has a leadership team comprised of 15 organizations that provide strategic direction and oversight to the ACHIEVE

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2010 *Snapshot*

Model Communities Mini grant program and the current Model Communities program in suburban Cook County.

The Model Communities Mini grant program began in June 2010, when six communities were selected to receive a \$5,000 mini-grant as part of the Model Communities pilot program. The program aims to advance policy and environmental changes that promote healthy eating, active living, and tobacco prevention and control with the potential to impact 118,700 students and residents in suburban Cook County.

An orientation training was held with 15 people, representing grant recipients and community partners vital to advance their respective policy or environmental change strategy. Grant recipients are making positive

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changes in schools and communities throughout suburban Cook County. For example, the Village of Tinley Park adopted a Safe Routes To School action plan and policy.

The implementation of the policy promotes active living by ensuring safety precautions and signage are in place for 660 students that walk and bike to school.

Funding for this project was made possible by the Action Communities for Health, Innovation, and Environmental change (ACHIEVE) Initiative of the National City and County Health Officials Association (sponsored by the Centers for Disease Control and Prevention).

Communities Putting Prevention to Work

CPPW, or Communities Putting Prevention to Work, is part of a national program working to curb the obesity epidemic by focusing on community-level change.

In suburban Cook County, there is a joint CPPW project of CCDPH and the Public Health Institute of Metropolitan Chicago (PHIMC). Together with our suburban Cook County communities we are making our neighborhoods healthier places to live, work and play.

The local CPPW initiative is made possible through funding from



the Department of Health and Human Services that aims to create change by educating and working with suburban Cook County communities to demonstrate the role that policy, systems and environmental changes play in improving better nutritional options and increasing opportunities for physical activity.

In November 2010, CCDPH and PHIMC announced the availability of \$4 million in Model Communities grant funds* to local governments, community organizations and school districts in suburban Cook County. Using proven strategies, grant recipients will help make their communities, Model Communities by making the healthy choice the easier choice in the places we live, work and play.

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The Model Communities will work to:

1. Promote breastfeeding
2. Make healthy foods more available and unhealthy foods less available
3. Create more safe and convenient places for walking, biking and other physical activities
4. Increase opportunities for physical activity in schools
5. Support children in walking and biking to/from school
6. Increase access to services for adults at-risk or with chronic conditions, including obesity

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Left: Drs. Welter and Martin take questions at the Model Communities funding press conference.



Right: Dr. Martin conducts an interview with Univision.

*In February 2011, 38 Model Community grants were awarded throughout suburban Cook County.

EPA Renovation, Repair and Painting Rule



2010 *Snapshot*

The United States Environmental Protection Agency (EPA) Renovation, Repair and Painting (RRP) Rule became effective April 22, 2010 requiring contractors, property managers and others paid to replace windows or renovate residential houses, apartments and child-occupied facilities built before 1978 to be certified by EPA. This new law is intended to protect children from leaded dust that may result from disturbing lead-based paint. CCDPH partnered with the Illinois Department of Public Health (IDPH) and held an informational meeting with over 90 Cook County-area building inspectors, local contractors, realtors, property managers and/or other interested parties.

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Intimate Partner Violence

CCDPH staff worked with the Illinois Violence Prevention Authority to present, *Intimate Partner Violence, Your Role as a Healthcare Provider*. Presenter, Jacquelyn C. Campbell, PhD, RN, FAAN, (right) a professor in the Johns Hopkins University School of Nursing and a national speaker, expert and researcher in the area of domestic violence and health spoke with healthcare professionals about their role in identifying domestic violence.

Once healthcare professionals completed this training, they had a working knowledge of domestic violence; they increased their knowledge and ability to identify domestic abuse, including the dynamics and magnitude of the cycle of abuse. In addition participants improved their re-

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2010 *Snapshot*



sponse to domestic violence with the knowledge, skills and abilities to refer survivors to domestic violence services.

Emergency Preparedness and Coordination

Community preparedness is an on-going effort at CCDPH. Several technical assistance tools were developed based on the needs and requests of suburban Cook County communities to track planning efforts and progress, identify planning gaps/areas of improvement, and highlight the strengths of each local, emergency preparedness planning team.

Be Aware.

Get Prepared.

Take Action.

2010 Snapshot

CCDPH began utilizing and developing a web-based Comprehensive Emergency Management Program tool to increase coordination of planning and response efforts within CCDPH and in suburban Cook County communities. The goal is to have local planning teams integrate this tool into their municipalities' public health planning efforts as a way to share information, keep plans up to date and build overall local and regional capacity to respond to a public health emergency.

Emergency Preparedness and Coordination

CCDPH staff presented at the 2010 Public Health Emergency Preparedness Summit on "Using Community Engagement Techniques as a Tool to Prepare for and Respond to H1N1 in suburban Cook County."

During this session CCDPH representatives provided an overview of the Suburban Cook County jurisdiction, its unique challenges and CCDPH's vision of community engagement and collaboration.



2010 Snapshot

The session used the recent H1N1 experience and provided examples of community engagement techniques and how these techniques could be applied to other jurisdictions. The 90 minute session concluded with a few group activities, where CCDPH shared some of its best practices and encouraged participants to share their experiences.

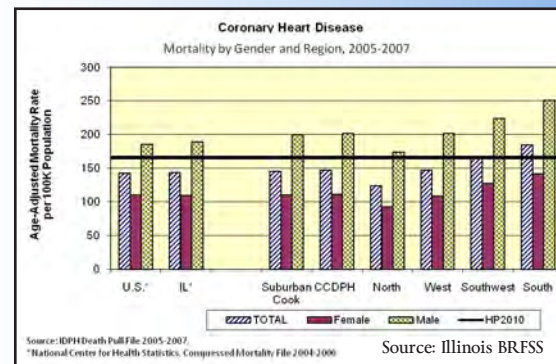
Enhanced Behavioral Risk Factor Surveillance System survey

CCDPH was able to conduct risk factor surveys among both youth and adults with funding from the CPPW project,

A Behavioral Risk Factor Surveillance System survey (BRFSS), sampling over 4700 adult residents was completed. This survey measures important risk factors such as physical inactivity, poor nutrition, and tobacco/alcohol. These risk factors are responsible for the majority of deaths among citizens in CCDPH.

The larger sample was over three times that collected in the usual biannual survey conducted in suburban Cook County by IDPH; it also oversampled for minority popu-

lations. This will allow CCDPH to obtain more detailed local estimates of health risk factors in adults.



2010 Snapshot

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Youth Risk YRBS Surveys in Suburban Cook County

CCDPH also partnered with the Child Health Data Laboratory at Childrens' Memorial Hospital and the Centers for Disease Control and Prevention (CDC) to complete a Youth Risk Behavior Surveillance System survey (YRBSS) for suburban Cook County. The YRBSS is usually conducted bi-annually by the Illinois State Board of Education, among school aged youth.

It attempts to gauge risk factors for high school youth including information on physical activity, nutrition, tobacco, violence and sexual behavior. The survey conducted by CCDPH was a first in that it focused solely on suburban Cook County. The survey was considered a success in that the response rate among the schools was substantial enough to allow the data to be considered

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2010 Snapshot



Source: CPPW YRBS

representative of all high school aged youth in the suburbs. These estimates will be vital for planning programs and targeting health improvement efforts that assist with healthy youth development.

Tobacco Prevention and Control in suburban Cook County

CCDPH tobacco prevention and control staff partnered with the Illinois Academy of Family Physicians to conduct the Tar Wars Program, including the Tar Wars poster contest in the south and west districts of suburban Cook County.

Staff went to 10 schools, specifically in areas of economic need as identified by the ratio of students who receive free or reduced lunch. The program educated approximately 550 4th and 5th grade students on tobacco advertising, addiction and consequences.

2010
Snapshot

In addition, CCDPH staff partnered with Radio Disney to reach more than 30,000 adults and children with the “Healthy Social Norms” campaign.

During this radio campaign, Radio Disney aired commercials promoting smoke-free lifestyles for kids which led to more than 9 million impressions. Staff also worked with Radio Disney to host 5 Radio Disney Road Crew events.

Tobacco Prevention and Control in suburban Cook County

2010
Snapshot



Radio Disney plays tobacco prevention education games with elementary students in suburban Cook County.



Tobacco Free Kids and ASA High School Tour hold a smoke-free event at John Hersey High School

Program Area and Statistics:

Total:

Communicable Disease Cases

• Vaccine Preventable Disease	
○ Diphtheria	0
○ Haemophilus Influenzae Type B	0
○ Hepatitis B	
▪ Acute	26
▪ Chronic	325
○ Measles	0
○ Mumps	4
○ Pertussis (Whooping Cough)	142
○ Rubella	0
○ Tetanus	1
○ Varicella (Chicken Pox)	207

Program Area and Statistics:

Total:

• Selected Diseases	
○ Cryptosporidiosis	27
○ E.Coli 0157:H7	10
○ Giadiasis	78
○ Haemophilus Influenzae (invasive disease)	32
○ Hepatitis A	5
○ Hepatitis C	
▪ Chronic	852
○ Histoplasmosis	15
○ Legionnaires's Disease	39
○ Listeria	6
○ Lyme Disease	32
○ Malaria	12

Program Area and Statistics:

Total:

Communicable Disease Cases continued

○ Meningococcal Infections	3
○ Meningitis, Listeria	3
○ West Nile Virus Neuroinvasive	15
○ Pneumococcal Invasive	17
○ Salmonellosis	356
○ Shigellosis	128
○ Streptococcal Invasive(Group A)	50
○ Typhoid Fever	6
○ Tuberculosis	
▪ Active	93
▪ Latent	650

Program Area and Statistics:

Total:

• Sexually Transmitted Disease	
○ Syphilis (Total)	
▪ Primary	237
▪ Secondary	98
○ Gonorrhea	2,093
○ Chlamydia	8,825
○ HIV (preliminary data)	136
○ AIDS (preliminary data)	50
• Other	
○ Food-Borne Illness Complaints Received	188
○ Pediatric Influenza Deaths	0

Program Area and Statistics:

Total:

Environmental Health Services

- Private and Non-Community Water Supplies:
 - Water Samples Collected
 - Non-Community 415
 - Private 9
 - Abandoned Wells:
 - Sealing Requests Received 119
 - Wells Sealed 117
 - New Wells:
 - Inspections Performed 49
 - Permits Issued 28
 - Existing Non-Community Wells:
 - Surveys Performed 95
 - Water Analysis Opinions Rendered 1,022

Program Area and Statistics:

Total:

- Private Sewage Disposal Systems:
 - Installation Inspections Performed 15
 - Lot Surveys Performed 24
 - Plans Processed 28
 - Witnessed Percolation Tests Performed 1
- Septic Tank Cleaners:
 - Permits Issued 111
 - Truck Inspections Performed 53
- Well/ Septic System Mortgage Evaluations:
 - Evaluations Processed 2
 - Inspections Performed 2
 - Water Samples Collected 0

Program Area and Statistics:

Total:

Environmental Health Services continued

• Food Service Establishments/ Retail Food Stores:	
○ Intergovernmental Agreements:	
▪ Inspections Performed	4,408
▪ Plans Reviewed	30
▪ Temporary Food Service Events	40
▪ Temporary Food Service Vendor Inspections Performed	222
○ Unincorporated Areas:	
▪ Inspections Performed	567
▪ Licenses Issued	171
▪ Plans Reviewed	11
▪ Temporary Food Service Events	8
▪ Temporary Food Service Vendor Inspections Performed	101
▪ IDPH Summer Food Program Inspections Performed	82

Program Area and Statistics:

Total:

▪ CEDA Head Start Inspections Performed	69
○ Food and Foodborne Illness Complaints Received	267
○ Complaints Investigations Performed	76
• Lead Poisoning Risk Evaluation:	
○ Initial Inspections Performed	150
○ Compliance Letters Initiated	81
○ Follow-Up Inspections Performed	61
○ Clearance Inspections Performed	102
○ Enforcement Actions	2
• Mobile Home Parks:	
○ Inspections Performed	39
○ Licenses Issued	13
○ Complaints Received	20

Program Area and Statistics:

Total:

Environmental Health Services continued

• Tobacco Control:	
○ Licenses Issued	52
○ Licenses Suspended	0
○ Fines Issued	1
○ Compliance Inspections Performed	61
○ Notices of Violation Issued	1
• Smoke-Free Illinois:	
○ Violation Letters Initiated	198
○ Complaints Received	454
○ Inspections Performed	78
○ Fines Issued	15

Program Area and Statistics:

Total:

• Indoor Air Quality:	
○ Inspections Performed	22
○ Violation Letters Initiated	24
• Nuisances:	
○ Sewage Complaints Received	47
○ Sewage Complaints Inspections Performed	91
○ Non-Sewage Complaints Received	116
○ Non-Sewage Complaints Inspections Performed	396
○ Enforcement Actions	14
• Swimming Pools and Spas:	
○ Public Pool Inspections Performed	1,256
○ Private Pool/ Spa Plans Approved	20

Program Area and Statistics:

Total:

Environmental Health Services continued

• Tanning Facilities:	
○ Inspections Performed	94
• Tattoo/Body Art Facilities:	
○ Inspections Performed	78
• Vector Control:	
○ Inspections Performed	29
○ Mosquito Trap Checks	1,497
○ Mosquito VEC/ RAMP Tests Performed	1,400
○ Mosquito VEC/ RAMP Tests Reported to IDPH	1,400
○ Dead Birds Collected	45
○ Dead Birds Processed for Testing by Illinois Natural History Survey	45
○ Larvicidal Treatments Performed	14
• Client Consultations Performed	10,106

Program Area and Statistics:

Total:

Integrated Health Support Services

• Case Management:	
○ APORS/High Risk Infant Follow-up (yearly total)	25,631
○ Breast and Cervical Cancer Prevention (monthly average)	76
○ Women, Infants and Children (WIC) (monthly caseload)	22,533
• Services (yearly total)	
○ Daycare Consultations	100
○ Vision and Hearing Screenings	15,895
• Client Clinic Visits (Total from March - December, regular clinic visits suspended Jan-Feb due to H1N1 response)	
○ Dental Health	4,579
○ Family Planning	5,530
○ Immunizations	2,609
○ Prenatal Intake	1,980
○ Sexually Transmitted Infections (STIs)	4,450

Program Area and Statistics:

Total:

Prevention Services Unit

• Community Preparedness and Coordination:	
○ Exercise Participation	7
○ Presentations Conducted	9
○ H1N1 Debriefs Conducted	
▪ Internal	3
▪ External	5
○ Meetings Coordinated	
▪ Local Planning Teams	41
▪ Medical Reserve Corps	7
▪ Oversight Committee Meetings	24
○ Other:	
▪ Attended Strategic Planning Team Meetings	30

Program Area and Statistics:

Total:

• Violence Prevention and Coordination:	
○ People reached or trained in the following activities:	
▪ Conference Presentation, Spring 2010	30
▪ Grand Rounds, Spring 2010	30
▪ Teen Dating Violence Meeting, Spring 2010	30
▪ Intimate Partner Violence CME Event, Spring 2010	45
▪ Four Coalition Meetings	40
▪ HCADV Day Training	10
▪ Domestic Violence Resource Locator on CCDPH Website (Sept.-Dec.)	105
• Community Epidemiology and Health Planning:	
○ Data Requests Filled	108
○ Visits to Data Page on CCDPH Website	3,539

Program Area and Statistics:

Total:

Prevention Services Unit continued

• Conducted Model Communities Funding Outreach:	
○ Municipal Entities	
▪ Funding Announcement Letters Sent	137
▪ Contacts Made	592
▪ Municipal Projects Funded	19
○ Community Entities	
▪ Funding Announcement Letters Sent	8
▪ Contacts Made	607
▪ Community Projects Funded (7 jointly funded with municipality)	14
○ Schools and School Districts (including private schools)	
▪ Funding Announcement Letters Sent	120
▪ Contacts Made	688
▪ School Projects Funded	15

Program Area and Statistics:

Total:

• Tobacco Prevention and Control:	
○ Trained Health Educators and Healthcare Workers on Tobacco Cessation	26
○ Participated in Health Fairs	45
○ Smoke-Free Illinois	
▪ Violation Letter Initiated	198
▪ Complaints Received	454
▪ Inspections Performed	78
▪ Fines Issued	15
• WePLAN 2015:	
○ Community Participants in Steering Committee	60
○ Community Organizations Represented on Steering Committee	40
○ Residents Who Responded to WePLAN Community Health Survey	350



Stephen A. Martin, Jr., PhD, MPH
Chief Operating Officer

Executive Staff

Percy Harris
Deputy Operating Officer

Linda Rae Murray, MD
Chief Medical Officer

Christina R. Welter, DrPH, MPH
Deputy Director, Prevention Services

Jessica Pipersburgh
Special Counsel

Noreen Lanahan
Director, Financial Control

Linda Steadman
Director, Human Resources

Sean McDermott
Director, Policy Development &
Communications

Michael Vernon, DrPH
Director, Communicable Disease Control

Sandra Martell, RN, DNP
Director, Integrated Health Support Services

Tom Varchmin, MS, LEHP
Director, Environmental Health Services

CCDPH Office locations:

Administrative Office
15900 S. Cicero Ave.
Oak Forest Hospital Campus
Oak Forest, IL 60452
708-633-4000

North District Office
3rd District Courthouse
2121 Euclid Avenue
Rolling Meadows, IL 60008
847-818-2860
847-818-2023 TDD

Southwest District Office
5th District Courthouse
10220 S. 76th Avenue
Bridgeview, IL 60455
708-974-6160 phone
708-974-6043 TDD

West District Office
Eisenhower Tower
1701 S. First Avenue
Maywood, IL 60153
708-786-4000 phone
708-786-4002 TDD

South District Office
6th District Courthouse
16501 S. Kedzie Parkway
Markham, IL 60426
708-232-4500
708-232-4010 TDD

Fiscal Year 2010 Appropriations (\$)
Grant: 17,027,158
Corporate: 17,344,580
Special Revenue: 5,959,146
Total: \$40,330,884

Cook County Health and Hospitals System Facilities:

William T. Foley
Chief Executive Officer

Warren L. Batts
Chairman

Jorge Ramirez
Vice-Chairman

Board Members:
Dr. David A. Ansell
Commissioner Jerry Butler
David N. Carvalho
Quin R. Golden
Dr. Benn Greenspan
Sr. Sheila Lyne
Dr. Luis R. Muñoz
Heather E. O'Donnell
Andrea L. Zopp

Cook County Health and Hospitals System Facilities:

Provident Hospital
500 E. 51st Street
Chicago, IL 60608
312-572-2000

Cermak Health Services
2800 S. California Avenue
Chicago, IL 60608
773-890-9300

John H. Stroger, Jr. Hospital
1901 W. Harrison Street
Chicago, IL 60612
312-864-6000

Oak Forest Hospital
15900 S. Cicero Avenue
Oak Forest, IL 60452
708-687-7200

Ambulatory and Community Health Network
627 S. Wood Street
Chicago, IL 60612
312-864-0719

Ruth M. Rothstein CORE Center
2020 W. Harrison Street
Chicago, IL 60612
312-572-4500

Cook County Board of Commissioners



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President

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Timothy O. Schneider
Peter N. Silvestri
Deborah Sims
Robert B. Steele
Larry Suffredin
Jeffrey R. Tobolski

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
July 19, 2011

ATTACHMENT #4



**Cook County Department
of Public Health**

Annual Tuberculosis Surveillance Report 2010

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Stephen A. Martin, Jr., Ph.D., M.P.H.

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Cook County Department of Public Health
Protecting the Health and Environment of Suburban Cook County
Affiliate, Cook County Health and Hospitals System
Terry Mason, M.D., Interim CEO, Cook County Health and Hospitals System
Honorable Toni Preckwinkle,
President, Cook County Board of Commissioners
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ACRONYMS, ABBREVIATIONS & DEFINITIONS

Active TB: (see TB Disease)

BCG: Bacille Calmette Guérin, a vaccination given to persons, usually infants, in countries where TB is common. BCG is NOT used in the United States.

Extrapulmonary TB: A person with *Mycobacterium tuberculosis* infection outside of the lungs, the pleural space, and the larynx (voice box). A person with extrapulmonary disease can also have pulmonary TB (see below).

LTBI: Latent Tuberculosis Infection; a person with TB infection who is not contagious.

MDR-TB: Multi-drug resistant TB. MDR-TB is defined as TB resistant to isoniazid and rifampin, the two most important first line anti-tuberculosis medications.

Pulmonary TB: A person with *Mycobacterium tuberculosis* infection of the lungs, pleural space or the larynx (voice box). A person with pulmonary TB can also have extrapulmonary TB.

QFT-G: QuantiFERON-TB Gold Test, a blood test used to detect *Mycobacterium tuberculosis*. This test cannot distinguish persons with LTBI from persons with TB disease. In contrast to the TST (see below), QFT-G can distinguish persons with either LTBI or TB disease from persons who may have received BCG vaccination. QFT-G has greater specificity than TST.

TB: Tuberculosis

TB Disease: A person with TB infection who is contagious to others; a person with TB disease can have pulmonary TB, extrapulmonary TB, or both.

TST: Tuberculin Skin Test, a test whereby purified protein derivative (PPD) is injected under the skin in the forearm. Persons with TB infection react to the PPD which results in a bump (induration) where the PPD was injected. Qualified healthcare personnel can measure the size of the bump and determine whether the test is positive or negative. The TST cannot distinguish persons with LTBI from persons with TB disease. The TST cannot distinguish persons with TB infection (LTBI or TB disease) from persons who may have received BCG vaccination (such as persons born overseas).

XDR-TB: Extensively drug resistant TB. XDR-TB is defined as MDR-TB plus TB that is resistant to any fluoroquinolone plus resistance to one of the three injectable drugs (i.e., amikacin, kanamycin, or capreomycin).

OVERVIEW

Epidemiologic Summary

- Ninety three (93) new cases of TB were reported in suburban Cook County in 2010. This represents a rate of 3.7 cases per 100,000 population, and a 7% decrease in the number of cases reported in 2009 (Table 1).
- Nine of eleven (82%) municipalities with three or more cases were located in the North District (Tables 8 and 9).
- Municipalities with the highest TB case counts included Des Plaines (n=8), Niles (n=6) and Skokie (n=6) (Table 8).
- Asians/Pacific Islanders and hispanics/latinos accounted for 73% of all new TB cases in 2010 (Table 2).
- The top three countries of birth for foreign-born cases were Mexico (32%), India (31%) and the Philippines (12%) (Table 3.)

TB Burden in Foreign-born Persons

- The proportion of TB cases in foreign-born persons increased from 60% in 2001 to 70% in 2010 (Figure 2).
- In 2010, 65 foreign-born persons with active TB immigrated from 17 different countries (Table 3).
- Three countries accounted for 73% of all foreign-born cases: Mexico (n=21; 32%), India (n=20; 31%) and the Philippines (n=8; 12%) (Table 3).
- Among foreign-born persons diagnosed with TB in 2010, 80% arrived in the U.S. 5 or more years prior to receiving a diagnosis of TB disease (Figure 4).

Drug Resistance

- No cases of MDR-TB were identified in 2010 (Table 5).

Coinfection with HIV

- All TB cases tested for HIV in 2010 (n=72) were negative (Table 6).

Directly Observed Therapy

- In 2010, 94% of patients with pulmonary TB received DOT (Figure 5).

Completion of Therapy

- For TB cases diagnosed in 2008, the most recent year for which data on completion of tuberculosis therapy are available, 94% of persons with TB disease who were eligible* completed treatment (Figure 6).
- Among persons diagnosed in 2008 who were eligible* to complete TB treatment within 12 months, 88% of cases did so. This is slightly below the Healthy People 2010 goal of 90% (Figure 6).

* Eligible cases are persons who were alive at the time of TB diagnosis and did not die during therapy, and excludes persons with TB resistant to rifampin and pediatric cases (<15 years) with a diagnosis of meningeal, bone/joint, or miliary TB.

Figure 1. Rates of Reported Tuberculosis Cases by Selected Jurisdictions, 1993-2010

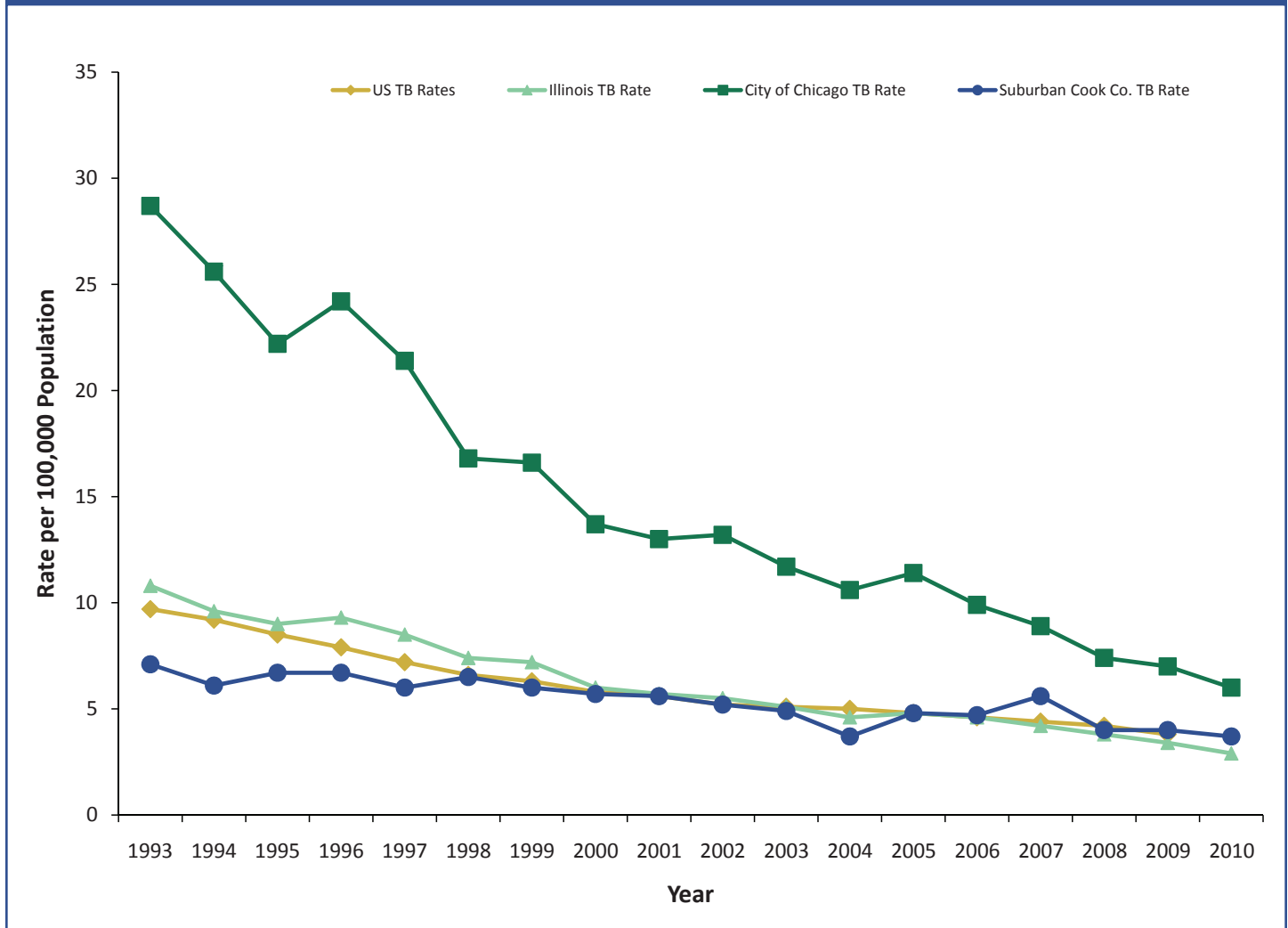


Figure 1. TB rates in suburban Cook County declined from 7.1 per 100,000 population in 1993 to 3.7 per 100,000 population in 2010. Declines in both numbers and rates of TB occurred nationally and in Illinois. TB rates in Chicago declined from 28.7 per 100,000 in 1993 to 6.0 per 100,000 in 2010.

Table 1. Number and Rate (per 100,000 population) of Reported Tuberculosis Cases by Selected Public Health Jurisdictions, 1993-2010

Year	Suburban Cook County		City of Chicago		Illinois		USA	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1993	165	7.1	798	28.7	1,235	10.8	25,107	9.7
1994	142	6.1	714	25.6	1,101	9.6	24,205	9.2
1995	155	6.7	619	22.2	1,024	9.0	22,728	8.5
1996	155	6.7	674	24.2	1,060	9.3	21,210	7.9
1997	140	6.0	597	21.4	974	8.5	19,751	7.2
1998	150	6.5	469	16.8	850	7.4	18,287	6.6
1999	140	6.0	463	16.6	825	7.2	17,501	6.3
2000	141	5.7	398	13.7	743	6.0	16,310	5.8
2001	139	5.6	377	13.0	707	5.7	15,945	5.6
2002	130	5.2	382	13.2	680	5.5	15,056	5.2
2003	122	4.9	339	11.7	633	5.1	14,836	5.1
2004	91	3.7	308	10.6	569	4.6	14,500	5.0
2005	120	4.8	329	11.4	596	4.8	14,067	4.8
2006	116	4.7	287	9.9	569	4.6	13,727	4.6
2007	139	5.6	258	8.9	521	4.2	13,288	4.4
2008	100	4.0	214	7.4	469	3.8	12,904	4.2
2009	100	4.0	202	7.0	418	3.4	11,540	3.8
2010	93	3.7	161	6.0	372	2.9	11,181	3.6

* Rates (per 100,000 population) for years 1993-1999 calculated using 1990 US census data; rates for 2000 - 2009 calculated using 2000 US census data.

Table 2. Number and Percentage of Reported Tuberculosis Cases by Selected Characteristics, Suburban Cook County, 2001-2010

Characteristic	Year																			
	2001		2002		2003		2004		2005		2006		2007		2008		2009		2010	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Sex																				
Male	74	(53)	73	(55)	70	(57)	53	(58)	57	(48)	64	(55)	73	(52)	58	(58)	47	(47)	51	(55)
Female	66	(47)	59	(45)	52	(43)	38	(42)	63	(53)	52	(45)	67	(48)	42	(42)	53	(53)	42	(45)
Age Groups (Y)																				
<5	7	(5)	2	(2)	1	(1)	1	(1)	3	(3)	4	(3)	3	(2)	2	(2)	2	(2)	2	(2)
5-14	0	(0)	0	(0)	1	(1)	0	(0)	3	(3)	4	(3)	2	(1)	1	(1)	0	(0)	0	(0)
15-24	16	(11)	13	(10)	17	(14)	5	(5)	15	(13)	7	(6)	14	(10)	4	(4)	13	(13)	9	(10)
25-44	43	(31)	54	(41)	38	(31)	31	(34)	43	(36)	36	(31)	32	(23)	40	(40)	40	(40)	24	(26)
45-64	42	(30)	31	(23)	44	(36)	33	(36)	31	(26)	35	(30)	58	(41)	30	(30)	22	(22)	29	(31)
65+	32	(23)	32	(24)	21	(17)	21	(23)	25	(21)	30	(26)	31	(22)	23	(23)	23	(23)	29	(31)
Race/Ethnicity																				
White, not Hispanic	34	(24)	29	(22)	28	(23)	23	(25)	21	(18)	19	(16)	27	(19)	21	(21)	14	(14)	14	(15)
Black, not Hispanic	32	(23)	23	(17)	30	(25)	19	(21)	30	(25)	19	(16)	16	(11)	24	(24)	10	(10)	11	(12)
Hispanic	26	(19)	25	(19)	19	(16)	21	(23)	24	(20)	25	(22)	28	(20)	17	(17)	24	(24)	31	(33)
Asian/Pacific Islander	47	(34)	55	(42)	45	(37)	28	(31)	45	(38)	53	(46)	69	(49)	38	(38)	45	(45)	37	(40)
Other	1	(1)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	7	(7)	0	(0)
TOTAL	140	(100)	132	(100)	122	(100)	91	(100)	120	(100)	116	(100)	140	(100)	100	(100)	100	(100)	93	(100)

Table 2. In 2010, the majority of active TB cases were male (55%), aged 25 years or older (88%) and were classified as Asian/Pacific Islander (40%). Pediatric cases (i.e., those <15 years of age) accounted for 2 (2%) of all TB cases in 2010.

Figure 2. Proportion of Reported Tuberculosis Cases by Birthplace, Suburban Cook County, 2001-2010

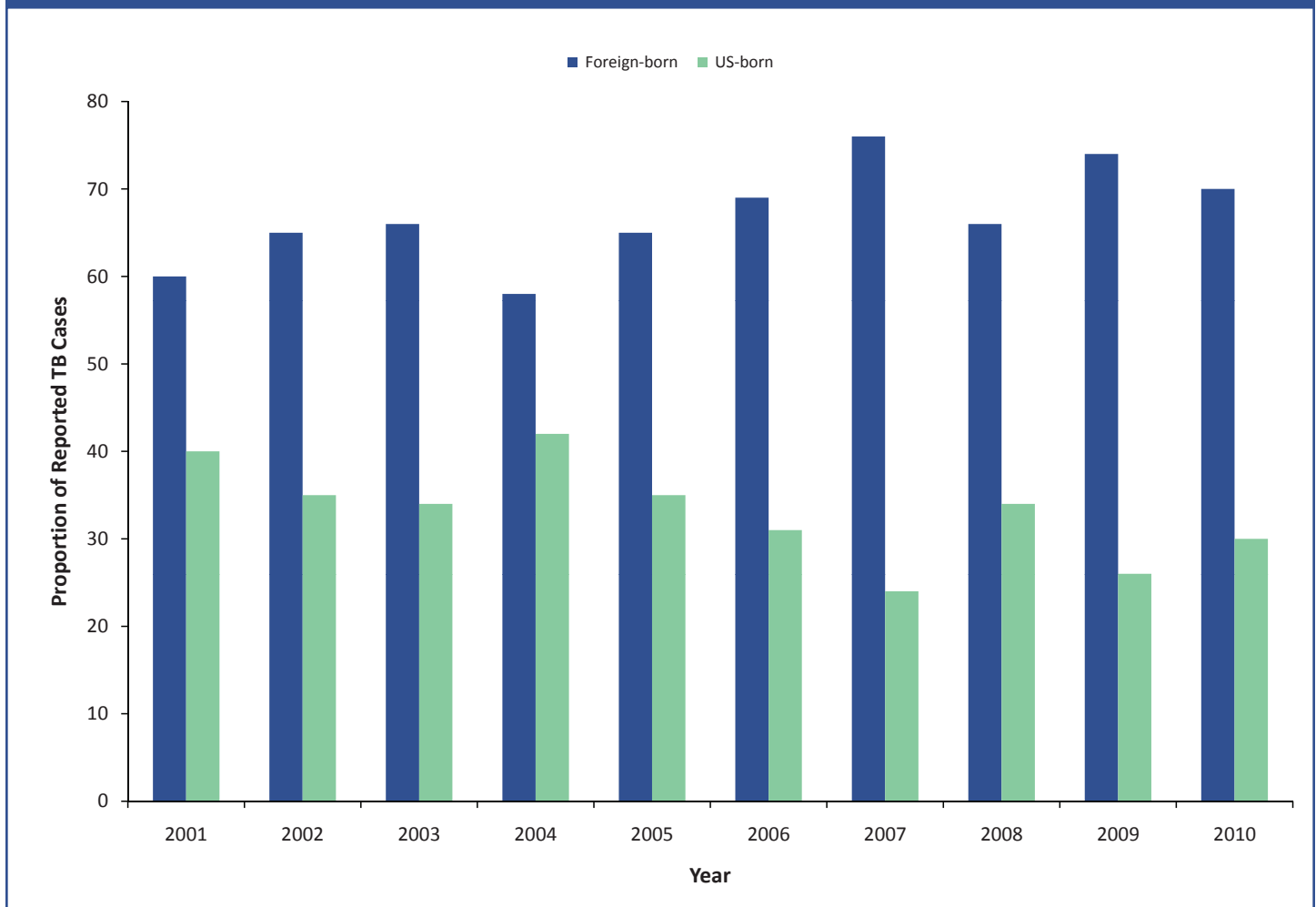


Figure 2. The proportion of TB cases in foreign-born persons has increased from 60% in 2001 to 70% in 2010.

Figure 3. Reported TB Cases by Birthplace and Race/Ethnicity, Suburban Cook County, 2010

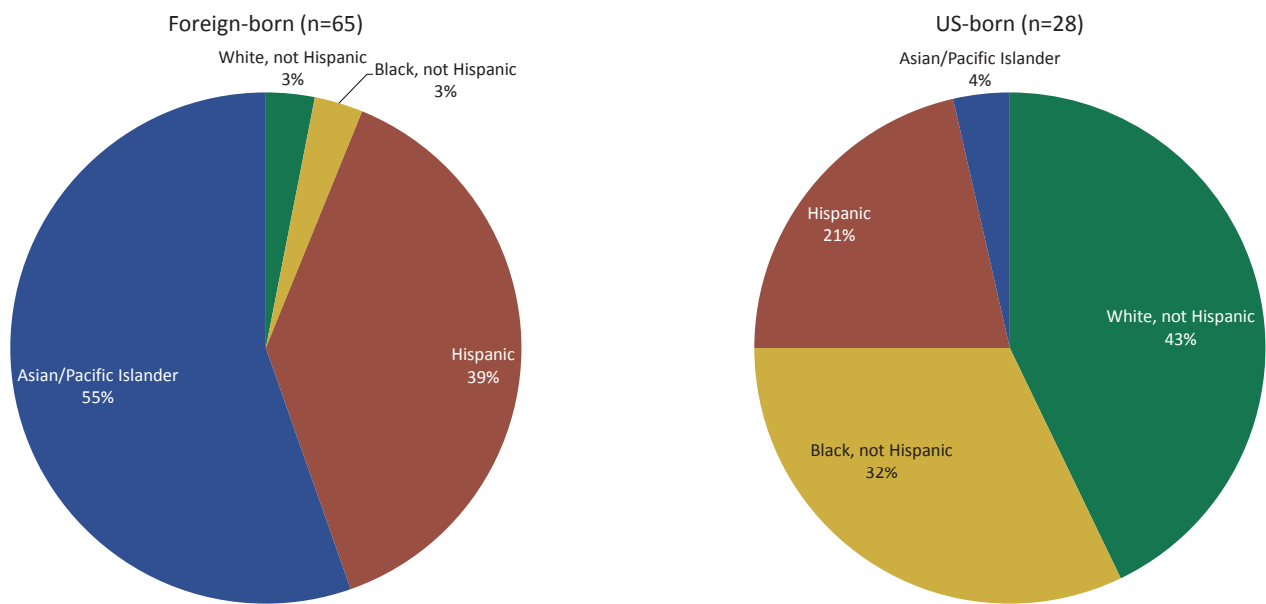


Table 3. Tuberculosis Cases by Most Frequently Reported Countries of Origin, Suburban Cook County, 2001 - 2010

Birthplace	Year									
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*
Mexico	21	18	14	13	19	18	18	11	17	21
India	25	31	16	13	24	23	30	10	17	20
Philippines	6	7	13	10	12	16	22	17	11	8
South Korea	1	6	2	2	4	2	5	1	2	2
China	0	1	3	1	0	3	1	3	2	2
Poland	6	4	3	3	2	1	4	2	2	1
Vietnam	3	1	3	0	1	2	1	2	6	1
Russia	0	0	1	0	1	0	1	2	0	1
Peru	0	0	1	1	1	0	2	0	0	1
Pakistan	5	3	2	1	1	1	5	1	3	0
Nigeria	0	0	4	0	1	0	0	1	1	0
Thailand	2	0	1	0	0	1	1	0	2	0
Guatemala	1	1	1	1	0	0	2	0	0	0
Haiti	0	0	3	0	1	0	1	0	1	0
Romania	0	1	0	1	1	2	0	1	0	0
Bosnia/Herzegovina	0	1	1	2	1	0	0	0	0	0
Burma	0	2	1	0	0	0	1	1	0	0
Italy	0	1	1	0	1	0	2	0	0	0
North Korea	0	0	1	0	0	0	1	3	0	0
Ukraine	0	0	1	1	0	0	2	0	0	0

*Other counties of origin from which at least 1 case was reported in 2010 were the following: Burkina Faso, Colombia, Egypt, Nepal, Tibet and Taiwan.

Table 3. In 2010, 65 foreign-born persons with active TB immigrated from 17 different countries. Three countries accounted for 73% of all foreign-born cases: Mexico (n=21; 32%), India (n=20; 31%) and the Philippines (n=8; 12%).

Figure 4. Number of Years Living in the United States Prior to Receiving a Diagnosis of Tuberculosis Disease, Suburban Cook County, 2010

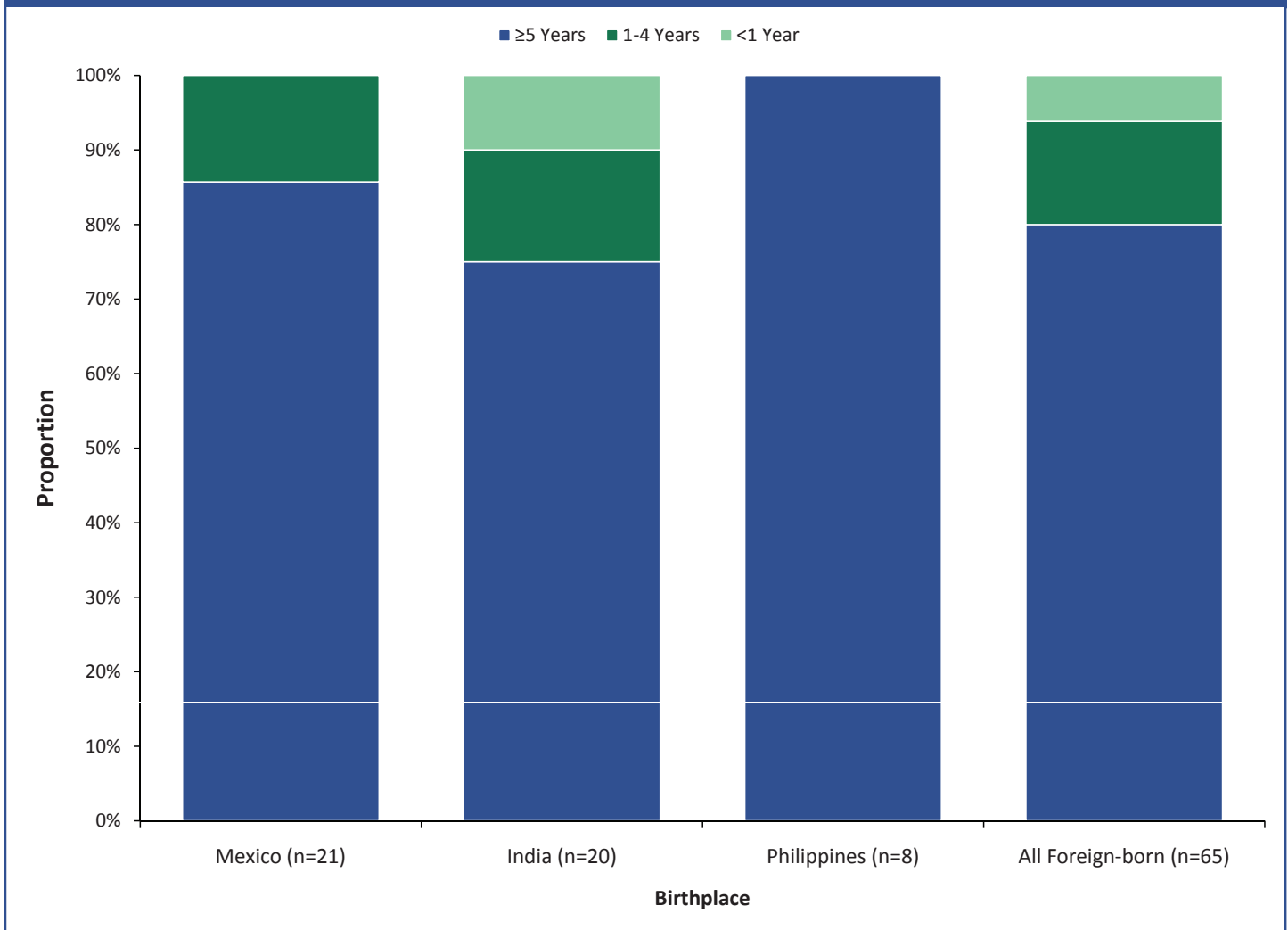


Figure 4. Among all foreign-born TB cases reported in 2010, 80% arrived in the U.S. 5 or more years prior to receiving a diagnosis of TB disease. This pattern was consistent among foreign-born persons from the top three countries (i.e., India, Mexico, and the Philippines) in 2010.

Table 4. Number and Proportion of Reported Tuberculosis Cases by Site of Disease and Laboratory Results, Suburban Cook County, 2010

Site of Disease	Total Cases	Sputum Smear Positive		Culture positive	
	No.	No.	(%)	No.	(%)
Pulmonary Only	63	26	(41)	36	(57)
Extrapulmonary Only	25	0	(0)	0	(0)
Both	5	1	(20)	1	(20)
Total	93	27	(29)	38	(41)

Table 4. Sixty three reported TB cases in 2010 had pulmonary only TB compared to 25 cases with extrapulmonary only TB (no pulmonary involvement). Fifty seven percent (57%) of all pulmonary only TB cases were culture positive.

Table 5. Tuberculosis Susceptibility Results by Birthplace, Suburban Cook County, 2010

Birthplace	Cases with Susceptibility Results	Any Drug Resistance		INH-Resistant		MDR-TB	
	No.	No.	(%)	No.	(%)	No.	(%)
Foreign-born	44	10	(23)	5	(11)	0	(0)
US-born	14	2	(14)	2	(14)	0	(0)
Total	58	12	(21)	8	(14)	0	(0)

Table 5. Fifty eight TB cases in 2010 had susceptibility testing performed. There were no reported cases of multi-drug resistant TB (MDR-TB) or extensively drug resistant TB (XDR-TB) in suburban Cook County in 2010.

Table 6. Trends in the Number of Reported Tuberculosis Cases, HIV Testing and Coinfection with HIV, Suburban Cook County, 2001-2010

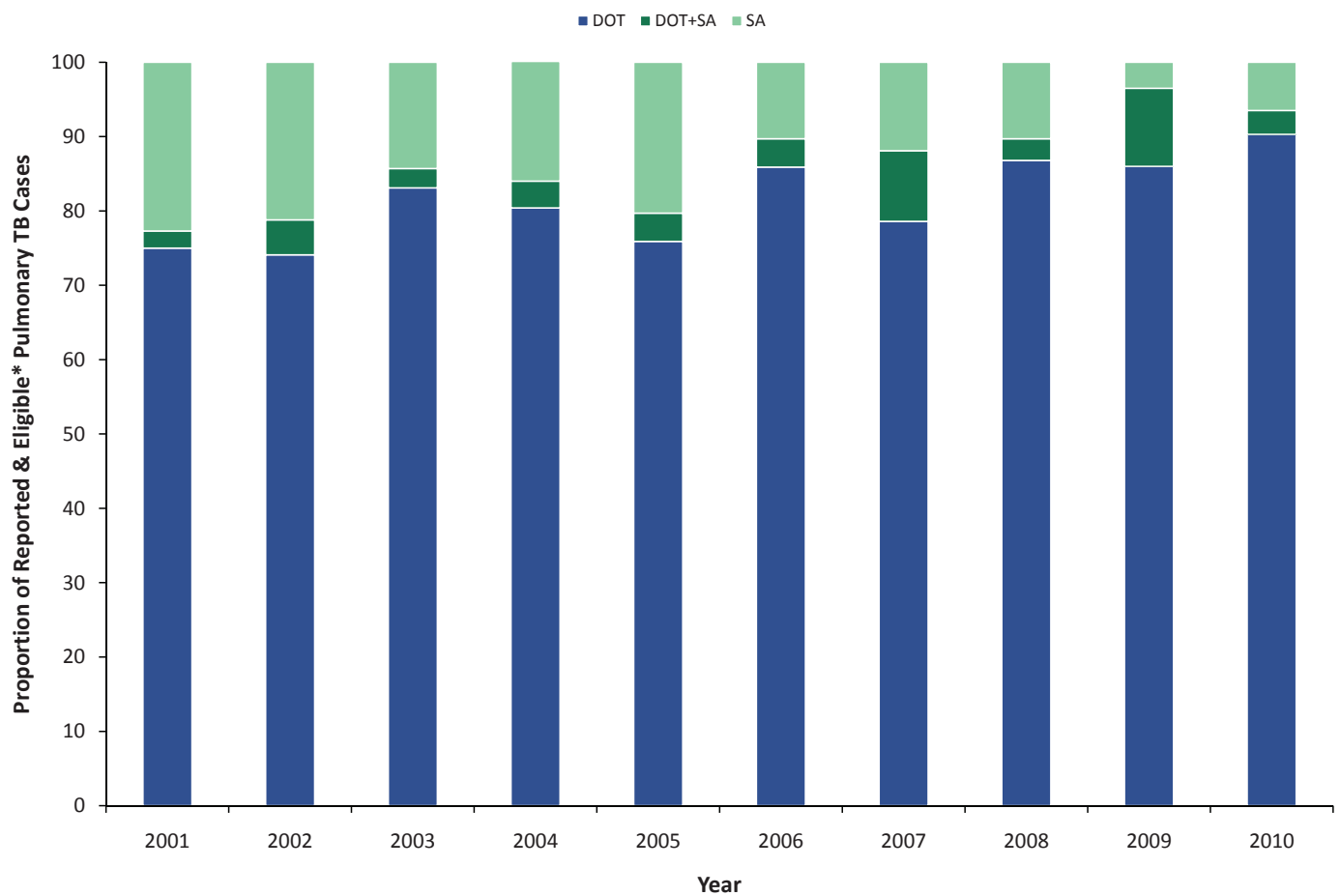
Year	TB Cases	Tested for HIV		Coinfected with HIV*	
	No.	No.	(%)	No.	(%)
2001	139	32	(23)	7	(22)
2002	130	72	(55)	5	(7)
2003	122	89	(73)	7	(8)
2004	91	75	(82)	†	†
2005	120	94	(78)	6	(6)
2006	116	85	(73)	†	†
2007	139	109	(78)	6	(6)
2008	100	87	(87)	9	(10)
2009	100	77	(77)	5	(7)
2010	93	72	(77)	0	(0)

* Persons with HIV who receive a TB diagnosis are defined as having AIDS.

† Cells with small counts (1-4) have been suppressed.

Table 6. Testing for HIV among reported cases of TB increased from 23% in 2001 to 77% in 2010. Among TB cases with HIV testing results in 2010, none was coinfectd (i.e., had HIV infection and TB infection). Persons with TB and HIV coinfection are classified, by AIDS surveillance case definition, as having AIDS.

Figure 5. Mode of Treatment Administration in Reported Pulmonary Tuberculosis Cases, Suburban Cook County, 2001-2010



* Percentage includes cases alive at diagnosis, who did not die during therapy with one or more anti-tuberculosis drugs prescribed and excludes persons with missing or unknown information regarding mode of treatment administration.

Figure 5. The proportion of TB cases receiving directly observed therapy (DOT), whether DOT only or DOT with some self-administered (SA) therapy has increased over time. The proportion of reported pulmonary TB cases receiving directly observed therapy (DOT only or DOT+SA) increased from 72% in 2001 to 94% in 2010.

Figure 6. Completion of Tuberculosis Therapy, Suburban Cook County, 2001-2008

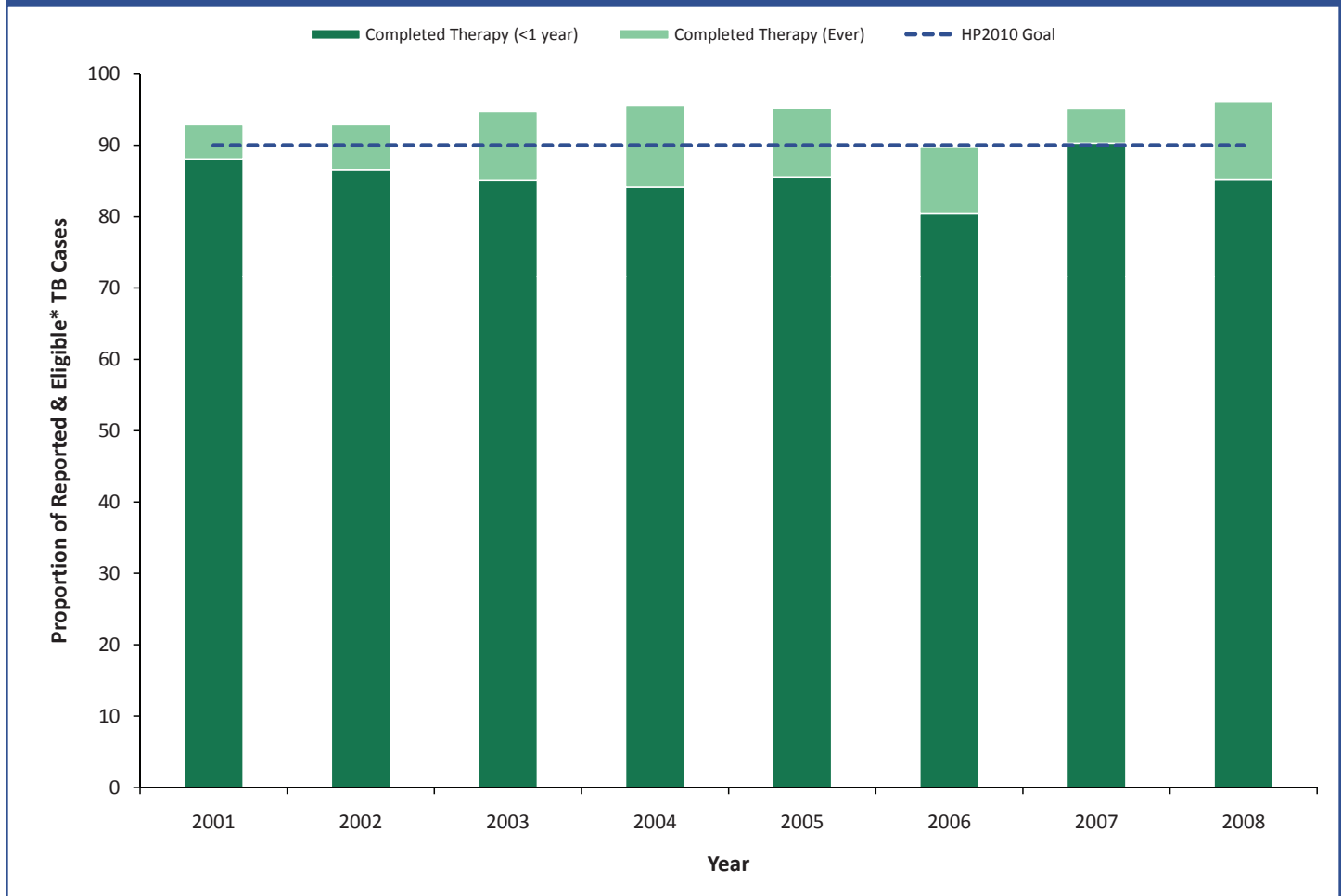


Figure 6. In 2008, the most recent year for which data on completion of tuberculosis therapy are available, 94% of reported TB cases who were eligible* completed treatment.

In 2008, 88% of eligible* persons completed treatment in less than one year. This is slightly below the Department of Health and Human Services Healthy People 2010 goal of 90%.

* Eligible cases are persons who were alive at the time of TB diagnosis and did not die during therapy, and excludes persons with TB resistant to rifampin and pediatric cases (<15 years) with a diagnosis of meningeal, bone/joint, or miliary TB.

Figure 7. Reported Tuberculosis Case Rates (per 100,000 population) by Municipality (Suburban Cook County) or Community Area (Chicago), Cook County, 2010

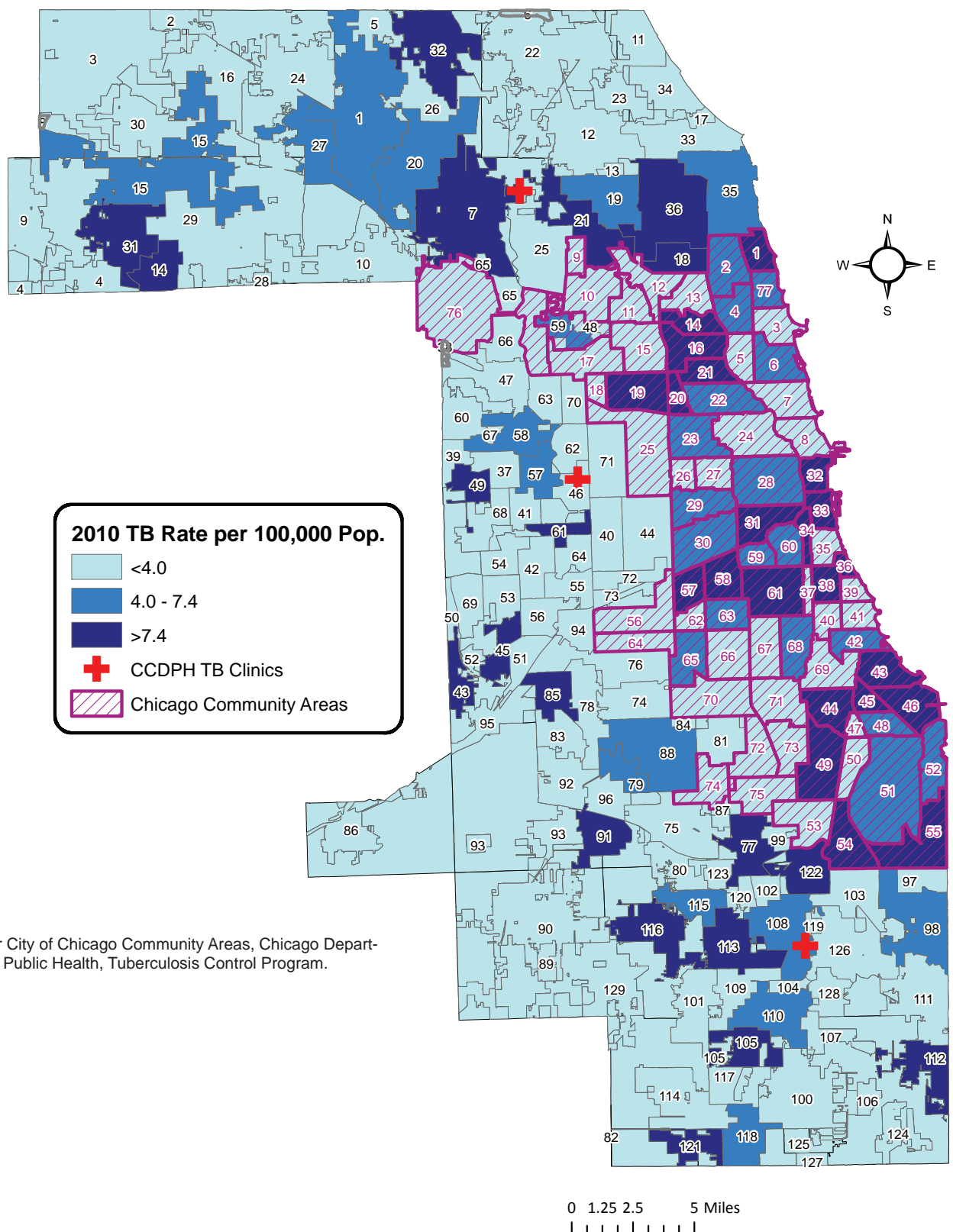


Table 7. Map Key - Suburban Cook County Municipalities and Chicago Community Areas

City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #
Arlington Heights	1	North Riverside	61	Richton Park	121	East side	52
Barrington	2	River Forest	62	Riverdale	122	West Pullman	53
Barrington Hills	3	River Grove	63	Robbins	123	Riverdale	54
Bartlett	4	Riverside	64	Sauk Village	124	Hegewisch	55
Buffalo Grove	5	Rosemont	65	South Chicago Heights	125	Garfield Ridge	56
Deerfield	6	Schiller Park	66	South Holland	126	Archer Heights	57
Des Plaines	7	Stone Park	67	Steger	127	Brighton Park	58
East Dundee	8	Westchester	68	Thornton	128	Mckinley Park	59
Elgin	9	Western Springs	69	Tinley Park	129	Bridgeport	60
Elk Grove Village	10	Elmwood Park	70	Rogers Park	1	New City	61
Glencoe	11	Oak Park	71	West Ridge	2	West Elsdon	62
Glenview	12	Stickney	72	Uptown	3	Gage Park	63
Golf	13	Forest View	73	Lincoln Square	4	Clearing	64
Hanover Park	14	Burbank	74	North Center	5	West Lawn	65
Hoffman Estates	15	Alsip	75	Lake View	6	Chicago Lawn	66
Inverness	16	Bedford Park	76	Lincoln Park	7	West Englewood	67
Kenilworth	17	Blue Island	77	Near North Side	8	Englewood	68
Lincolnwood	18	Bridgeview	78	Edison Park	9	Greater Grand Crossing	69
Morton Grove	19	Chicago Ridge	79	Norwood Park	10	Ashburn	70
Mount Prospect	20	Crestwood	80	Jefferson Park	11	Auburn Gresham	71
Niles	21	Evergreen Park	81	Forest glen	12	Beverly	72
Northbrook	22	Frankfort	82	North Park	13	Washington Heights	73
Northfield	23	Hickory Hills	83	Albany Park	14	Mount Greenwood	74
Palatine	24	Hometown	84	Portage Park	15	Morgan Park	75
Park Ridge	25	Justice	85	Irving Park	16	O'Hare	76
Prospect Heights	26	Lemont	86	Dunning	17	Edgewater	77
Rolling Meadows	27	Merrionette Park	87	Montclare	18		
Roselle	28	Oak Lawn	88	Belmont Cragin	19		
Schaumburg	29	Orland Hills	89	Hermosa	20		
South Barrington	30	Orland Park	90	Avondale	21		
Streamwood	31	Palos Heights	91	Logan Square	22		
Wheeling	32	Palos Hills	92	Humboldt Park	23		
Wilmette	33	Palos Park	93	West Town	24		
Winnetka	34	Summit	94	Austin	25		
Evanston	35	Willow Springs	95	West Garfield Park	26		
Skokie	36	Worth	96	East Garfield Park	27		
Bellwood	37	Burnham	97	Near West Side	28		
Bensenville	38	Calumet City	98	North Lawndale	29		
Berkeley	39	Calumet Park	99	South Lawndale	30		
Berwyn	40	Chicago Heights	100	Lower West Side	31		
Broadview	41	Country Club Hills	101	Loop	32		
Brookfield	42	Dixmoor	102	Near South Side	33		
Burr Ridge	43	Dolton	103	Armour Square	34		
Cicero	44	East Hazel Crest	104	Douglas	35		
Countryside	45	Flossmoor	105	Oakland	36		
Forest Park	46	Ford Heights	106	Fuller Park	37		
Franklin Park	47	Glenwood	107	Grand Boulevard	38		
Harwood Heights	48	Harvey	108	Kenwood	39		
Hillside	49	Hazel Crest	109	Washington Park	40		
Hinsdale	50	Homewood	110	Hyde Park	41		
Hodgkins	51	Lansing	111	Woodlawn	42		
Indian Head Park	52	Lynwood	112	South Shore	43		
La Grange	53	Markham	113	Chatham	44		
La Grange Park	54	Matteson	114	Avalon Park	45		
Lyons	55	Midlothian	115	South Chicago	46		
McCook	56	Oak Forest	116	Burnside	47		
Maywood	57	Olympia Fields	117	Calumet Heights	48		
Melrose Park	58	Park Forest	118	Roseland	49		
Norridge	59	Phoenix	119	Pullman	50		
Northlake	60	Posen	120	South Deering	51		

Table 8. Reported Tuberculosis Cases and Rates (per 100,000 population) by Municipality, North and West Districts, Suburban Cook County, 2008-2010

NORTH							WEST						
2008		2009		2010			2008		2009		2010		
City	No.	Rate	No.	Rate	No.	Rate	City	No.	Rate	No.	Rate	No.	Rate
Arlington Heights	4	5.2	2	2.6	4	5.2	Bellwood	1	4.9	0	0.0	0	0.0
Barrington	1	17.5	0	0.0	0	0.0	Bensenville	0	0.0	0	0.0	0	0.0
Barrington Hills	0	0.0	0	0.0	0	0.0	Berkeley	0	0.0	2	38.2	0	0.0
Bartlett	1	8.2	0	0.0	0	0.0	Berwyn	2	3.7	2	3.7	2	3.7
Buffalo Grove	0	0.0	0	0.0	0	0.0	Broadview	0	0.0	1	12.1	0	0.0
Des Plaines	5	8.8	7	12.3	8	14.1	Brookfield	0	0.0	0	0.0	0	0.0
Elgin	0	0.0	0	0.0	0	0.0	Burr Ridge	2	18.6	0	0.0	2	18.6
Elk Grove Village	0	0.0	1	2.9	1	2.9	Cicero	4	4.7	2	2.3	0	0.0
Evanston	6	8.1	4	5.4	4	5.4	Countryside	0	0.0	0	0.0	1	16.6
Glencoe	0	0.0	0	0.0	0	0.0	Elmwood Park	1	3.9	0	0.0	1	3.9
Glenview	2	4.6	2	4.6	1	2.3	Forest Park	0	0.0	2	12.8	0	0.0
Golf	0	0.0	0	0.0	0	0.0	Franklin Park	1	5.2	1	5.2	0	0.0
Hanover Park	0	0.0	1	4.8	2	9.6	Harwood Heights	2	24.1	0	0.0	0	0.0
Hoffman Estates	0	0.0	5	10.1	3	6.0	Hillside	0	0.0	0	0.0	1	12.3
Inverness	0	0.0	0	0.0	0	0.0	Hinsdale	0	0.0	0	0.0	0	0.0
Kenilworth	0	0.0	0	0.0	0	0.0	Hodgkins	0	0.0	1	46.8	0	0.0
Lincolnwood	1	8.1	3	24.3	1	8.1	Indian Head Park	0	0.0	0	0.0	0	0.0
Morton Grove	5	22.3	4	17.8	1	4.5	La Grange	0	0.0	0	0.0	0	0.0
Mount Prospect	4	7.1	4	7.1	4	7.1	La Grange Park	1	7.5	0	0.0	0	0.0
Niles	3	10.0	1	3.3	6	20.0	Lyons	0	0.0	0	0.0	0	0.0
Northbrook	2	6.0	2	6.0	0	0.0	Maywood	0	0.0	2	7.4	2	7.4
Northfield	0	0.0	0	0.0	0	0.0	McCook	0	0.0	0	0.0	0	0.0
Palatine	1	8.8	4	35.3	0	0.0	Melrose Park	1	4.3	2	8.6	1	4.3
Park Ridge	0	0.0	1	2.6	1	2.6	Norridge	1	6.9	0.0	0.0	1	6.9
Prospect Heights	0	0.0	3	17.6	0	0.0	North Riverside	0	0.0	0	0.0	1	15.0
Rolling Meadows	0	0.0	0	0.0	1	4.1	Northlake	2	16.8	0	0.0	0	0.0
Roselle	0	0.0	0	0.0	0	0.0	Oak Park	3	5.7	1	1.9	0	0.0
Schaumburg	3	4.0	2	2.7	1	1.3	River Forest	0	0.0	0	0.0	0	0.0
Skokie	6	9.5	8	12.6	6	9.5	River Grove	0	0.0	1	9.4	0	0.0
South Barrington	0	0.0	0	0.0	0	0.0	Riverside	0	0.0	0	0.0	0	0.0
Streamwood	1	2.7	1	2.7	3	8.2	Rosemont	0	0.0	0	0.0	0	0.0
Wheeling	3	8.3	3	8.3	3	8.3	Schiller Park	0	0.0	1	8.4	0	0.0
Wilmette	2	7.2	1	3.6	0	0.0	Stone Park	1	19.5	0	0.0	0	0.0
Winnetka	1	3.6	0	0.0	0	0.0	Westchester	1	5.9	1	5.9	0	0.0
							Western Springs	0	0.0	0	0.0	0	0.0
Total*	51	5.4	59	6.3	51	5.4	Total*	23	4.2	19	3.4	13	2.4

*Two cases are included in the total but are not listed by city to protect confidentiality.

Rates per 100,000 population per year. Rates calculated using 2000 Census data.

Table 9. Reported Tuberculosis Cases and Rates (per 100,000 population) by Municipality, South and Southwest Districts, Suburban Cook County, 2008-2010

City	2008		SOUTH 2009		2010		City	SOUTHWEST 2008		2009		2010	
	No.	Rate	No.	Rate	No.	Rate		No.	Rate	No.	Rate	No.	Rate
Burnham	0	0.0	0	0.0	0	0.0	Alsip	2	10.1	1	5.1	0	0.0
Calumet City	4	10.2	1	2.6	2	5.1	Bedford Park	0	0.0	0	0.0	0	0.0
Chicago Heights	0	0.0	1	3.1	1	3.1	Blue Island	2	8.5	2	8.5	2	8.5
Country Club Hills	1	6.2	0	0.0	0	0.0	Bridgeview	1	6.5	0	0.0	0	0.0
Dixmoor	0	0.0	0	0.0	0	0.0	Burbank	3	10.7	1	3.6	0	0.0
Dolton	2	7.8	2	7.8	1	3.9	Calumet Park	0	0.0	1	11.8	0	0.0
East Hazel Crest	0	0.0	0	0.0	0	0.0	Chicago Ridge	0	0.0	0	0.0	1	7.1
Flossmoor	1	10.7	0	0.0	1	10.7	Crestwood	0	0.0	0	0.0	0	0.0
Ford Heights	0	0.0	0	0.0	0	0.0	Evergreen Park	0	0.0	0	0.0	0	0.0
Glenwood	0	0.0	0	0.0	0	0.0	Forest View	0	0.0	0	0.0	0	0.0
Harvey	4	13.3	1	3.3	2	6.7	Hickory Hills	0	0.0	0	0.0	0	0.0
Hazel Crest	0	0.0	1	6.7	0	0.0	Hometown	0	0.0	0	0.0	0	0.0
Homewood	0	0.0	0	0.0	1	5.1	Justice	0	0.0	0	0.0	1	8.2
Lansing	0	0.0	2	7.1	0	0.0	Lemont	0	0.0	0	0.0	0	0.0
Lynwood	0	0.0	0	0.0	1	13.4	Merrionette Park	0	0.0	0	0.0	0	0.0
Markham	0	0.0	1	7.9	1	7.9	Oak Lawn	1	1.8	3	5.4	3	5.4
Matteson	0	0.0	0	0.0	0	0.0	Orland Hills	0	0.0	0	0.0	0	0.0
Midlothian	0	0.0	1	7.0	1	7.0	Orland Park	1	1.9	0	0.0	2	3.9
Oak Forest	0	0.0	0	0.0	3	10.7	Palos Heights	0	0.0	0	0.0	1	8.8
Olympia Fields	0	0.0	0	0.0	0	0.0	Palos Hills	0	0.0	0	0.0	0	0.0
Park Forest	0	0.0	0	0.0	1	4.9	Palos Park	0	0.0	0	0.0	0	0.0
Phoenix	0	0.0	0	0.0	0	0.0	Stickney	0	0.0	0	0.0	0	0.0
Posen	1	21.1	0	0.0	0	0.0	Summit	1	9.4	0	0.0	0	0.0
Richton Park	0	0.0	0	0.0	1	8.0	Willow Springs	0	0.0	1	19.5	0	0.0
Riverdale	2	13.3	0	0.0	2	13.3	Worth	0	0.0	0	0.0	0	0.0
Robbins	0	0.0	0	0.0	0	0.0							
Sauk Village	0	0.0	0	0.0	0	0.0							
South Chicago Heights	0	0.0	0	0.0	0	0.0							
South Holland	0	0.0	1	4.5	0	0.0							
Steger	0	0.0	1	24.7	0	0.0							
Thornton	0	0.0	0	0.0	0	0.0							
Tinley Park	0	0.0	1	2.1	1	2.1							
University Park	0	0.0	0	0.0	0	0.0							
Total	15	3.1	13	2.8	19	4.1	Total	11	3.0	9	2.4	10	2.7

Rates per 100,000 population per year. Rates calculated using 2000 Census data.

TECHNICAL NOTES

Surveillance Methodology

Healthcare providers and laboratories in suburban Cook County are required to report the following results within 24 hours: (1) sputum or tissue smears positive for acid-fast bacilli (AFBs); (2) cultures positive for *Mycobacterium tuberculosis*; (3) mycobacterial drug susceptibility results; (4) any other tests positive for *Mycobacterium tuberculosis*. In addition, confirmed TB cases must be reported to CCDPH within 7 days.

TB case reports are entered into I-NEDSS and provide the basis for the information presented in this report. This report includes all cases of tuberculosis reported during the year in which the case was confirmed. Confirmed TB cases who may have moved into suburban Cook County from another jurisdiction are not reflected in the data presented herein; such cases are counted in the jurisdiction that reported the case. Likewise, confirmed TB cases reported in suburban Cook County who may have moved out of suburban Cook County *are* included in the data presented herein.

Reported TB Case Rates

Suburban Cook County, Chicago and Illinois TB rates between 1993-1999 were calculated using 1990 census data. Suburban Cook County, Chicago and Illinois TB rates between 2000-2010 were calculated using 2000 census data. National TB rates were calculated using national intercensal estimates.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
July 19, 2011

ATTACHMENT #5

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Arreola, Susan C.M., MD Appointment Effective:	Medicine/ACHN July 19, 2011 thru July 18, 2013	Affiliate Physician
Gunaratnum, Martina, MD Appointment Effective:	Psychiatry/Cermak July 19, 2011 thru July 18, 2013	Service Physician
Hoehn, Sarah, MD Appointment Effective:	Pediatrics/Critical Care July 19, 2011 thru July 18, 2013	Voluntary Physician
Sauper, Alexander, MD Appointment Effective:	Surgery/General/SCC July 19, 2011 thru July 18, 2013	Active Physician
Thakrar, Anupama J., MD Appointment Effective:	Radiology/Radiation Oncology July 19, 2011 thru July 18, 2013	Active Physician
Thawani, Anjali, MD Appointment Effective:	General Surgery July 19, 2011 thru July 18, 2013	Voluntary Physician
Wandel, Erika, MD Appointment Effective:	Surgery/Ophthalmology July 19, 2011 thru July 18, 2013	Service Physician

Initial Appointment of Privileges for Non-Medical Staff:

Sarazine, Julia T., CNP With Deamant, Catherine, MD Appointment Effective:	Medicine July, 19, 2011 thru July 18, 2013	Nurse Practitioner
Sedeno, Angela, PhD Appointment Effective:	Psychiatry/Juvenile Center July 19, 2011 thru July 18, 2013	Clinical Psychologist
Uzomba, Adaku N., CNS With Kelly, Michael A., MD Appointment Effective:	Medicine July, 19, 2011 thru July 18, 2013	Clinical Nurse Specialist
Wernsman, Jamie, PhD Appointment Effective:	Psychiatry/Juvenile Center July 19, 2011 thru July 18, 2013	Clinical Psychologist

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 19, 2011

John H. Stroger, Jr. Hospital of Cook County (continued)

REAPPOINTMENT APPLICATIONS

Department of Correctional Health Services

Mekhael, Fayez, MD	Medicine/Surgery	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Yu, Yan, DO	Medicine/Surgery/Family Pract.	Active Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

Department of Medicine

Christians, Melody A., MD	Medicine/ACHN	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2012	

Ezeokoli, Chukwudozie, MD	Medicine/ACHN	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Fakhran, Sherene S., MD	Medicine/Pulmonary & CC	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Guerra, Yannis S., MD	Medicine/Endocrinology	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Littleton, Stephen W., MD	Medicine/Pulmonary & CC	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Rubinstein, Paul G., MD	Medicine/Hema-Oncology	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Department of Obstetrics and Gynecology

Gandia, Justin Kidd, MD	Obstetrics and Gynecology	Affiliate Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

Department of Pathology

Alagiozian-Angelova, Victoria, MD	Anatomic Pathology	Active Physician
Reappointment Effective:	July 30, 2011 thru July 29, 2013	

Ray, Vera, MD	Anatomic Pathology	Affiliate Physician
Reappointment Effective:	August 19, 2011 thru July 30, 2013	

Senseng, Carmencita, MD	Pathology	Active Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Department of Psychiatry

Mabaquiao, Jessie, MD	Psychiatry/Juvenile Center	Active Physician
Reappointment Effective:	July 19, 2011 thru July 18, 2013	

Scott, Nelda, MD	Psychiatry	Active Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Surgery

Lamba, Anil, MD	General Surgery	Affiliate Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

Non-Medical Staff Renewal of Privileges

Allen, Sharon L., CNP With Kowalski, John A., MD Effective:	Medicine July 19, 2011 thru July 18, 2013	Nurse Practitioner
Bonilla, Amy L., PA-C With Zawitz, Chad J., MD Alternate Bonaparte, Katina M., MD Effective:	Correctional Health Services August 19, 2011 thru August 18, 2013	Physician Assistant
Cherian, Veronica V., PA-C With Benson, Roger L., MD Alternate De Funiak, Andrew Q. MD Effective:	Correctional Health Services July 19, 2011 thru July 18, 2013	Physician Assistant
Connolly, Colette B., CNS With Yu, Yan K., DO Effective:	Correctional Health Services July 19, 2011 thru July 18, 2013	Clinical Nurse Specialist
Latif, Rohiya H., PA-C With Fish, Karen, MD Alternate Patel, Ashlesha, MD Effective:	Ob/Gyne July 19, 2011 thru July 18, 2013	Physician Assistant
Preib, Barbara A., CNS With Lopez, Regina R., MD Effective:	Psychiatry July 19, 2011 thru July 18, 2013	Clinical Nurse Specialist
Rosine, Shannon A., PA-C With Lott, Sonia M., MD Alternate Williamson, Sunita B., MD Effective:	Correctional Health Services August 19, 2011 thru August 18, 2013	Physician Assistant
Songkum, Jantanee, CNP With Kamat, Medha V., MD Effective:	Pediatrics July 19, 2011 thru July 18, 2013	Nurse Practitioner
Strozdaz, Linda J., PsyD Effective:	Psychiatry/Adult Psychiatry August 19, 2011 thru August 18, 2013	Clinical Psychologist

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 19, 2011

John H. Stroger, Jr. Hospital of Cook County (continued)

Change in Privileges for Non-Medical Staff

Bounds, Dawn R., CNP With Thomas, Lynette E., MD	Psychiatry	Nurse Practitioner
Fowler, Nancy C., CNP With Thomas, Lynette E., MD	Psychiatry	Nurse Practitioner
Sikora-Jackson, Ann M., PA-C With Shah, Sejal, MD Alternate Rodriguez, Sergio H., MD	Medicine	Physician Assistant

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES

Coelho, Giselle, DMD Surgery/Dental/Core Center From: Voluntary Physician To: Consultant Physician

Provident Hospital of Cook County



**Medical Staff Reappointments and Non-Medical Staff Action Items Subject to Approval
by the CCHHS Quality and Patient Safety Committee**

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Swiner, Connie, MD	Anesthesiology	Active Physician
Reappointment Effective:	August 8, 2011 thru October 19, 2012	

Department of Clinical Labs/Pathology

Ray, Vera, MD	Clinical Laboratory	Active Physician
Reappointment Effective:	July 31, 2011 thru July 30, 2013	

Shi, Feinan, MD	Clinical Laboratory	Active Physician
Reappointment Effective:	July 19, 2011 thru July 18, 2013	

Department of Emergency Medicine

Adusumilli, Chowdary, MD	Emergency Medicine	Ancillary Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Department of Family Medicine

Ali, Sadia, MD	Family Medicine	Active Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

Kates, Gayle, MD	Pediatrics	Active Physician
Reappointment Effective:	August 2, 2011 thru August 1, 2013	

Rodriguez, Vimarie, MD	Family Medicine	Active Physician
Reappointment Effective:	August 19, 2011 thru April 12, 2013	

Tinfang, Chantel Sylvie, MD	Family Medicine	Active Physician
Reappointment Effective:	August 19, 2011 thru August 18, 2013	

Department of Internal Medicine

Clarke, Clifton B., MD	Pulmonary/Crit Care Medicine	Active Physician
Reappointment Effective:	August 01, 2011 thru July 31, 2013	

Cohen, Edward A., MD	Nephrology	Consulting physician
Reappointment Effective:	August 01, 2011 thru July 31, 2013	

Ezeokoli, Chukwudozie, MD	Internal Medicine	Affiliate Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

Fakhran, Sherene S., MD	Pulmonary/Crit Care Medicine	Affiliate Physician
Reappointment Effective:	July 28, 2011 thru July 27, 2013	

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**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 19, 2011**

Provident Hospital of Cook County
Reappointment Applications

Department of Internal Medicine (continued)

Hamb, Aaron, MD Reappointment Effective:	Internal Medicine August 01, 2011, thru July 31, 2013	Active Physician
Johnson, Claudia M., MD Reappointment Effective:	Gastroenterology July 30, 2011 thru July 29, 2013	Active Physician
Littleton, Stephen W., MD Reappointment Effective:	Pulmonary/Crit Care Medicine July 28, 2011 thru July 27, 2013	Affiliate Physician

Department of Surgery

Garapati, Rajeev, MD Reappointment Effective	Orthopedics August 19, 2011 thru August 18, 2013	Affiliate Physician
Harrison, Jacqueline, MD Reappointment Effective	General Surgery August 14, 2011 thru July 10, 2013	Affiliate Physician

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES

Sweetner, Jonnelle, DMD Internal Medicine From: Active Physician To: Voluntary Physician